

**Fill in this information to identify the case:**

Debtor name Granite City Food & Brewery Ltd.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 19-43756

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2020

X /s/ Richard H. Lynch

Signature of individual signing on behalf of debtor

Richard H. Lynch

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Granite City Food & Brewery Ltd.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **19-43756**

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**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>239,690.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>3,609,873.87</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>3,849,563.87</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>43,628,659.33</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>8,540,102.50</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>52,168,761.83</b>

**Fill in this information to identify the case:**Debtor name **Granite City Food & Brewery Ltd.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**Case number (if known) **19-43756**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Citizens Bank, N.A.****Checking****3103****\$2,449,550.52**3.2. **Citizens Bank****ZBA Checking****3111****\$0.00**3.3. **U.S. Bank****checking****4653****\$98,550.75**3.4. **Fifth Third Bank****checking****8844****\$61,643.31****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$2,609,744.58****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

Debtor Granite City Food & Brewery Ltd.  
Name

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**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less: 633,092.66 - 1,000.00 = .... \$632,092.66  
face amount doubtful or uncollectible accounts

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$632,092.66

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Food stock and merchandise (branded shirts, caps, etc.), smallwares (silverware, glasses, plates, etc)	<u>12/11/2019</u>	<u>Unknown</u>		<u>Unknown</u>

**23. Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
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**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <b>Desks, chairs, computers, tables, filing cabinets, printers</b>	<b>\$1,500.00</b>	<b>Liquidation</b>	<b>\$1,500.00</b>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$1,500.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<b>1998 Wabash Trailer</b>	<b>Unknown</b>		<b>Unknown</b>
47.2.	<b>2014 Ram ProMaster</b>	<b>Unknown</b>		<b>Unknown</b>
47.3.	<b>2016 Ford Transit 250</b>	<b>\$0.00</b>		<b>\$9,342.10</b>

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47.4. **2019 Volvo VNL64T760  
4V4NC9TJ5KN195593**

Debtors have a leasehold interest

\$143,935.42

Comparable sale

\$143,935.42

47.5. **2019 Dodge Ram Pro Master  
ZFBHRFAB3K6M03887**

Debtors have a leasehold interest

\$36,035.88

Comparable sale

\$36,035.88

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**1999 Great Dane Trailer 1GRAA9620XW061408**

Debtors have a leasehold interest

Unknown

Unknown

**2014 Kenworth T680 1XKYD49X3EJ385736**

Debtors have a leasehold interest

Unknown

Unknown

**2014 Great Dane Trailer 1GRAA9627EW701479**

Debtors have a leasehold interest

\$16,108.01

Comparable sale

\$16,108.01

**2014 Great Dane Trailer 1GRAA9620EW704272**

Debtors have a leasehold interest

\$117,178.38

Comparable sale

\$117,178.38

**2016 Hyundai Trailer 3H3V482C1GT443001**

Debtors have a leasehold interest

\$43,936.84

Comparable sale

\$43,936.84

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$366,536.63

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**  
Include street address or other description such as Assessor

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

Debtor **Granite City Food & Brewery Ltd.**  
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Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1. **Brewhouse, 1722**

**Detroit Street,  
Ellsworth, IA 50075**

**Fee simple**

**Unknown**

**Tax records**

**\$239,690.00**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$239,690.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

**General description**

**Net book value of  
debtor's interest  
(Where available)**

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (If known)	<b>19-43756</b>
	<p>CADILLAC RANCH ALL AMERICAN BAR &amp; GRILL, Trademark Registration No. 3725513</p> <p>CADILLAC RANCH ROCK-N-COUNTRY BAR &amp; GRILL, Trademark Registration No. 3439214</p> <p>CADILLAC RANCH, Trademark Registration No. 85-300173</p> <p>BARTINIS, Trademark Registration No. 5186024</p> <p>BROTHER BENEDICT'S MAI BOCK, Trademark Registration No. 29434</p> <p>BROTHER BENEDICT'S MAI BOCK &amp; DESIGN, Trademark Registration No. 29433</p> <p>DUKE OF WELLINGTON, Trademark Registration No. 29435</p> <p>DUKE OF WELLINGTON &amp; DESIGN, Trademark Registration No. 29442</p> <p>FERMENTUS INTERRUPTUS, Trademark Registration No. 3522448</p> <p>GC, Trademark Registration No. 3380882</p> <p>GC GRANITE CITY FOOD &amp; BREWERY &amp; DESIGN, Trademark Registration No. 2550836</p> <p>GRANITE CITY, Trademark Registration No. 3384527</p> <p>GRANITE CITY FOOD &amp; BREWERY, Trademark Registration No. 3384528</p> <p>GRANITE CITY FOOD &amp; BREWERY &amp; DESIGN, Trademark Registration No. 29432</p> <p>NORTHERN LIGHT, Trademark Registration No. 29437</p> <p>NORTHERN LIGHT &amp; DESIGN, Trademark Registration No. 29436</p> <p>PRIDE OF PILSEN, Trademark Registration No. 29439</p> <p>PRIDE OF PILSEN &amp; DESIGN, Trademark Registration No. 29438</p> <p>VICTORY LAGER, Trademark Registration No. 29441</p> <p>VICTORY LAGER &amp; DESIGN, Trademark Registration No. 29440</p> <p>Granite City Food &amp; Brewery Ltd., Patent No. 7214402</p> <p>Granite City Food &amp; Brewery Ltd., Patent No. 7735412</p>	Unknown	Unknown

61.	<p>Internet domain names and websites</p> <p>Cadillacranchgroup.com</p> <p>Cadillacranchgroup.net</p> <p>Cadillacranchmallofamerica.com</p> <p>Cadillacranchmugclub.com</p> <p>Cadillacranchpittsburgh.com</p> <p>Gcbrewrewards.com</p> <p>Cadillacranchmiami.com</p> <p>Gcfoodandbrewery.com</p> <p>Gcfb.com</p> <p>Gcfb.net</p> <p>Granitecitydiningclub.com</p> <p>Gcbrewlab.com</p>	Unknown	Unknown
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62. Licenses, franchises, and royalties



Debtor Granite City Food & Brewery Ltd. Case number (If known) 19-43756

Name

Liquor Licenses for all locations

Unknown

Unknown

63. Customer lists, mailing lists, or other compilations  
E-Club, Mug Club, and Brew Rewards

Unknown

Unknown

64. Other intangibles, or intellectual property  
Recipes

Unknown

Unknown

65. Goodwill  
Goodwill

Unknown

Unknown

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (If known) **19-43756**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$2,609,744.58</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$632,092.66</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$1,500.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$366,536.63</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$239,690.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$3,609,873.87</b>	<b>+ 91b. \$239,690.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$3,849,563.87</b>

**Fill in this information to identify the case:**

Debtor name **Granite City Food & Brewery Ltd.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **19-43756**

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Citizens Bank, N.A.</b> <small>Creditor's Name</small> <b>One Park Plaza</b> <b>Suite 400</b> <b>Irvine, CA 92614</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>May 2014</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All assets</b>  Describe the lien <b>Security Agreement</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$41,130,729.66</b>  <b>\$2,449,550.52</b>

<b>2.2</b>	<b>Great Western Bank</b> <small>Creditor's Name</small> <b>225 South Main Avenue</b> <b>Sioux Falls, SD 57104</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>Assets at the Omaha location</b>  Describe the lien <b>Leasehold Mortgage</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$991,929.67</b>  <b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if know)

**19-43756**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3

**JMB Capital Partners Lending**

Creditor's Name

**1999 Avenue of the Stars Suite 2040**

**Los Angeles, CA 90067**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**All assets**

**\$1,506,000.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$43,628,659.**

**33**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**

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United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

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☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Abbott, Brandon L.</b> <b>12904 Wilden Cir</b> <b>Urbandale, IA 50323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>ABBOTT, MIKAYLA J.</b> <b>815 10TH ST S</b> <b>APT 303</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.3	Priority creditor's name and mailing address <b>ABELON, KALEB</b> <b>509 HOLLY ST.</b> <b>Brainerd, MN 56401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Abner, Bethnay</b> <b>2035 Key Street #F</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>ABRAHAMSON, SARAH E.</b> <b>554 STONE ROAD</b> <b>Saint Paul, MN 55120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>ABREGO, MANUEL</b> <b>715 Carson Ave</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.7 Priority creditor's name and mailing address  
**ABUKAR, ABDIRAHMAN**  
**15759 FINCH AVE**  
**Saint Paul, MN 55124**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.8 Priority creditor's name and mailing address  
**ACUAHUITL, JORGE**  
**520 SHERMAN AVE**  
**Aurora, IL 60505**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.9 Priority creditor's name and mailing address  
**Adam, Anna L.**  
**6007 S. Cliff Avenue**  
**Sioux Falls, SD 57108**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.10 Priority creditor's name and mailing address  
**ADAMS, DERRICK**  
**18919 BLACKMOOR ST**  
**Detroit, MI 48234**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.11 Priority creditor's name and mailing address

**ADAMS, MAIYA B.  
7702 JAYWICK AVE  
Fort Washington, MD 20744**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.12 Priority creditor's name and mailing address

**ADAMS, REBECCA A.  
18500 Barney Drive  
Accokeek, MD 20607**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.13 Priority creditor's name and mailing address

**Adams, Stephanie  
6288 Maxwell Drive #1  
Suitland, MD 20746**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.14 Priority creditor's name and mailing address

**ADAMS, TERRELL Q.  
18919 BLACKMOOR ST  
Detroit, MI 48234**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.15	Priority creditor's name and mailing address <b>ADAS, KELLY M.</b> <b>137 PARAMOUNT DRIVE</b> <b>Wood Dale, IL 60191</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16	Priority creditor's name and mailing address <b>ADKINS, BRIANNA L.</b> <b>28590 SPRING ARBOR DR</b> <b>Southfield, MI 48076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17	Priority creditor's name and mailing address <b>Adonys, Cristian A.</b> <b>7546 Abbington Dr.</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.18	Priority creditor's name and mailing address <b>AGNEW, LEAH M.</b> <b>4011 Bamberger</b> <b>Saint Louis, MO 63116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.19	Priority creditor's name and mailing address <b>Aguilar, Brandy J.</b> <b>2110 Washington Overlook Drive</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.20	Priority creditor's name and mailing address <b>AGUILAR, MIGUEL</b> <b>1604 Sawyer Street</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.21	Priority creditor's name and mailing address <b>AGUILAR, MIRNA V.</b> <b>347 SOUTH BETHANY ST.</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22	Priority creditor's name and mailing address <b>AGUILERA, CARLOS</b> <b>3309 NEWBURG DR</b> <b>Mishawaka, IN 46545</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.23 Priority creditor's name and mailing address

**Aguirre, Angel**  
**1727 N. 25th Street**  
**Kansas City, KS 66102**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.24 Priority creditor's name and mailing address

**Aguirre, Joshua I.**  
**509 Hilton Avenue**  
**Rockford, IL 61107**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.25 Priority creditor's name and mailing address

**AHERN, SHANNON M.**  
**400 EAGLE DRIVE**  
**Elk Grove Village, IL 60007**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.26 Priority creditor's name and mailing address

**AHLQUIST, SERENA H.**  
**7318 BELL VISTA TERRACE**  
**Rockford, IL 61107**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.27 Priority creditor's name and mailing address

**AHUATL, DARIO**  
**509 W. Navarre St.**  
**South Bend, IN 46616**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.28 Priority creditor's name and mailing address

**AJAJ, NIMAH**  
**8909 W. 167TH PL.**  
**Tinley Park, IL 60487**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.29 Priority creditor's name and mailing address

**AJAJ, SANDRA S.**  
**8909 W 167TH PLACE**  
**Tinley Park, IL 60487**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.30 Priority creditor's name and mailing address

**AKINS, AUSTIN**  
**921 ARBORDALE PLACE**  
**Fort Wayne, IN 46825**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.31	Priority creditor's name and mailing address <b>Alcaide, Anayelit</b> <b>15920 Lowe Avenue</b> <b>Harvey, IL 60426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

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2.32	Priority creditor's name and mailing address <b>ALCANTARA, DANIEL</b> <b>2361 CASS ST</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

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2.33	Priority creditor's name and mailing address <b>ALCANTARA, JANET</b> <b>1343 SCOTT AVENUE</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

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2.34	Priority creditor's name and mailing address <b>ALCANTARA, OMAR</b> <b>1617 HIGH ST.</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

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Debtor	Name	Case number (if known)	19-43756
2.35	Priority creditor's name and mailing address <b>ALEJANDRO MENDOZA, MANUEL</b> <b>4728 Kenilworth Drive</b> <b>Apt 201</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address <b>ALEMAN, ONESIMO J.</b> <b>1480 JERSEY WAY</b> <b>Chanhassen, MN 55317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address <b>ALEXANDER, BRETT E.</b> <b>19964 FREELAND ST</b> <b>Detroit, MI 48235</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address <b>Alexander, Brett E.</b> <b>22548 Lincoln Terrace Apt. 301</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.39	Priority creditor's name and mailing address <b>ALEXANDER, CASTRO</b> <b>1208 SYLVIA DR</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40	Priority creditor's name and mailing address <b>Alexander, Jack M.</b> <b>13930 Sunnyslope Drive</b> <b>Maple Grove, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41	Priority creditor's name and mailing address <b>ALLAR, RANDI M.</b> <b>1801 R ST</b> <b>1029</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.42	Priority creditor's name and mailing address <b>Allard, Joshua M.</b> <b>7518 Poppleton Plaza #7</b> <b>Omaha, NE 68124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.43	Priority creditor's name and mailing address <b>ALLEN, MINDY A.</b> <b>206 ESMOND ST</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.44	Priority creditor's name and mailing address <b>ALLEN, RYLIE H.</b> <b>2602 EAST DRIVE</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.45	Priority creditor's name and mailing address <b>ALLEN, SARA M.</b> <b>1 ROSE COURT</b> <b>Pekin, IL 61554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.46	Priority creditor's name and mailing address <b>ALMAZAN, LEOBARDO</b> <b>3085 COMMONWEALTH DR</b> <b>1734</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

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2.47 Priority creditor's name and mailing address  
**Almendarez, Jessica L.**  
**2206 Huntington Avenue**  
**Saint Louis, MO 63114**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.48 Priority creditor's name and mailing address  
**ALONSO, FRANCISCO**  
**3900 DEVONSHIRE LN**  
**Waukegan, IL 60085**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.49 Priority creditor's name and mailing address  
**ALONSO, FREDY**  
**243 ASHLAND AVE**  
**Highwood, IL 60040**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.50 Priority creditor's name and mailing address  
**ALONSO, JASON**  
**5701 SW 149 PL.**  
**Miami, FL 33193**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.51 Priority creditor's name and mailing address  
**ALONZO, DELINA A.**  
**4222 KNIGHTWAY DR**  
**Fort Wayne, IN 46815**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.52 Priority creditor's name and mailing address  
**ALONZO, RUTH**  
**515 E VIRGINIA**  
**Peoria, IL 61603**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.53 Priority creditor's name and mailing address  
**ALTAMIRANO, KAELINE A.**  
**3293 HILL RIDGE DR**  
**Saint Paul, MN 55121**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.54 Priority creditor's name and mailing address  
**ALTMAN, EMILY**  
**764 WALTZ MILL RD**  
**65**  
**Hunker, PA 15639**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.55	Priority creditor's name and mailing address <b>ALVARADO, FRANCISCO</b> <b>228 52ND ST</b> <b>45</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.56	Priority creditor's name and mailing address <b>ALVARADO, JILDA</b> <b>719 24th Ave.</b> <b>Minneapolis, MN 55418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.57	Priority creditor's name and mailing address <b>ALVAREZ, AURELIO T.</b> <b>4419 PENNSYLVANIA</b> <b>#5</b> <b>Kansas City, MO 64111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.58	Priority creditor's name and mailing address <b>Alvillar-Alarcon, Maria</b> <b>822 Savanna Ave</b> <b>Apt 215</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

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2.59 Priority creditor's name and mailing address  
**Alvillar-Gonzalez, Alfonso**  
**822 Savanna Ave**  
**Apt 215**  
**Saint Cloud, MN 56303**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.60 Priority creditor's name and mailing address  
**AMAYA, MARVIN W.**  
**903 MARCY AVE**  
**103**  
**Oxon Hill, MD 20745**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.61 Priority creditor's name and mailing address  
**Amaya, Milton G.**  
**3131 Southgate Dr**  
**Apt 205**  
**Alexandria, VA 22306**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.62 Priority creditor's name and mailing address  
**AMBURGY, JOHNEY R.**  
**6748 E 700 S**  
**Columbia City, IN 46725**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.63	Priority creditor's name and mailing address <b>AMELSE, JACOB L.</b> <b>3624 SAWGRASS TRAIL SOUTH</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.64	Priority creditor's name and mailing address <b>AMITRANO, NICHOLAS R.</b> <b>575 THORNHILL DR.</b> <b>209</b> <b>Carol Stream, IL 60188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.65	Priority creditor's name and mailing address <b>AMMONS, DESMOND</b> <b>6566 CAYCE LANE</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.66	Priority creditor's name and mailing address <b>AMTHOR, JEFFREY M.</b> <b>28330 187TH STREET</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

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2.67	Priority creditor's name and mailing address <b>ANAYA HERNANDEZ, GERMAN</b> <b>1920 OAKDALE AVE.</b> <b>Saint Paul, MN 55118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address <b>Andersen, Brittany G.</b> <b>14562 Lake View Drive</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address <b>ANDERSON, AARON J.</b> <b>2408 DEMORES DR S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address <b>ANDERSON, ALEC K.</b> <b>115 15TH ST. S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.71 Priority creditor's name and mailing address

**ANDERSON, DEDRIC L.  
9000 E. JEFFERSON AVE.  
812  
Detroit, MI 48214**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.72 Priority creditor's name and mailing address

**ANDERSON, EDWARD  
3848 South Capital Street  
202  
Washington, DC 20032**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.73 Priority creditor's name and mailing address

**ANDERSON, JAMIE K.  
23 GULF STREAM AVE.  
Peoria, IL 61607**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.74 Priority creditor's name and mailing address

**ANDERSON, KAYLA  
5241 LANNON AVE NE  
Albertville, MN 55301**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.75	Priority creditor's name and mailing address <b>ANDERSON, KIMBERLY</b> <b>6819 TOLEDO AVE NO</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.76	Priority creditor's name and mailing address <b>ANDERSON, KIRK</b> <b>6819 TOLEDO AVE N</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.77	Priority creditor's name and mailing address <b>Anderson, Selena</b> <b>2753 N. Kostner #2</b> <b>Chicago, IL 60639</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.78	Priority creditor's name and mailing address <b>ANDERSON, SHAYLA</b> <b>2653 WILLOW GLEN CT</b> <b>Apt A</b> <b>Indianapolis, IN 46229</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.79	Priority creditor's name and mailing address <b>ANDREWS, MARISSA A.</b> <b>3415 UPPER 147TH ST W</b> <b>Rosemount, MN 55068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.80	Priority creditor's name and mailing address <b>ANDROWICH, BRIAN</b> <b>2103 DOUGLAS ST</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.81	Priority creditor's name and mailing address <b>ANGEL, ELIAS I.</b> <b>218 OAK DRIVE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.82	Priority creditor's name and mailing address <b>ANGEL, PATRICIO</b> <b>223 COLTART AVE</b> <b>Pittsburgh, PA 15213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.83	Priority creditor's name and mailing address <b>Angelo, Matt A.</b> <b>306 Anderson Street</b> <b>Crescent, PA 15046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.84	Priority creditor's name and mailing address <b>ANSPAUGH, JESSICA</b> <b>8721 W 121ST TERRACE</b> <b>Unit 707</b> <b>Overland Park, KS 66213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.85	Priority creditor's name and mailing address <b>ANSTETT-DEKKER, KATHRYN</b> <b>6407 CAMDEN AVE. N.</b> <b>107</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.86	Priority creditor's name and mailing address <b>ANTONIO, RODRIGO A.</b> <b>NEED ADDRESS</b> <b>Pittsburgh, PA 15216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.87 Priority creditor's name and mailing address  
**APARICIO, ISMAEL**  
**1102 BLAINE AVENUE**  
**South Bend, IN 46616**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.88 Priority creditor's name and mailing address  
**APONTE, JONATHAN**  
**1617 LANCASHIRE APT**  
**Indianapolis, IN 46268**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.89 Priority creditor's name and mailing address  
**APPEL, CYNTHIA M.**  
**1011 E 94th**  
**Minneapolis, MN 55420**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.90 Priority creditor's name and mailing address  
**AQUILAR, MARIO**  
**1213 Hudson**  
**Peoria, IL 61604**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.91	Priority creditor's name and mailing address <b>AQUILINA, JOHN C.</b> <b>141 WISE RD</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.92	Priority creditor's name and mailing address <b>ARABADJI, ALEX A.</b> <b>1887 Silver Bell Rd #318</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.93	Priority creditor's name and mailing address <b>Aracely, Claudia</b> <b>8207 Fayette Street</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.94	Priority creditor's name and mailing address <b>ARAGON, ANNA KATRINA</b> <b>1601 R ST</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.95	Priority creditor's name and mailing address <b>Ardon, Brittany</b> <b>211 Park Avenue</b> <b>Pittsburgh, PA 15202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.96	Priority creditor's name and mailing address <b>ARGUETA, GLENDA</b> <b>934 15TH AVE N</b> <b>South Saint Paul, MN 55075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.97	Priority creditor's name and mailing address <b>ARNOLD, MELISSA M.</b> <b>920 S. Willow Creek Place</b> <b>Apt 8</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.98	Priority creditor's name and mailing address <b>Arrazola, Cristian</b> <b>14015 Chestnut Dr. Apt. E</b> <b>Eden Prairie, MN 55347</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.99 Priority creditor's name and mailing address

**ARREDONDO, YECENIA  
9441 WITHAM LANE  
Woodridge, IL 60517**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.100 Priority creditor's name and mailing address

**Arrieta, Sarah I.  
1209 Bonnhaven Drive  
Franklin, TN 37067**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.101 Priority creditor's name and mailing address

**Arrington, Davion  
4220 N. 122nd Terr.  
Kansas City, KS 66109**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.102 Priority creditor's name and mailing address

**ARROYO, JULIAN F.  
12647 S VINCENNES RD.  
Blue Island, IL 60406**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.103	Priority creditor's name and mailing address <b>ARROYO, VALENTINA</b> <b>14133 JOHN HUMPHREY</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.104	Priority creditor's name and mailing address <b>ARZOOYAN, ALEXANDRA</b> <b>512 TOBIN</b> <b>311</b> <b>Inkster, MI 48141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.105	Priority creditor's name and mailing address <b>Asberry, Austin</b> <b>246 New Salen Dr.</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.106	Priority creditor's name and mailing address <b>ASHERMAN, JENNA E.</b> <b>4347 N 121 TERR</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.107 Priority creditor's name and mailing address

**ASINARI, BETH A.  
1513 13 1/2 ST S  
Fargo, ND 58103**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.108 Priority creditor's name and mailing address

**ATAULLAEV, ABDULAZIZ F.  
910 PALMER ROAD  
12  
Fort Washington, MD 20744**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.109 Priority creditor's name and mailing address

**ATWOOD, DONALD H.  
8422 SPRING MILL ROAD  
Indianapolis, IN 46260**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.110 Priority creditor's name and mailing address

**AUBREY, ZACHARY D.  
22 EAST ANCHOR  
River Rouge, MI 48218**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.111	Priority creditor's name and mailing address <b>AUSLANDER, MICHELLE</b> <b>30763 Crest Forest</b> <b>Farmington, MI 48331</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.112	Priority creditor's name and mailing address <b>AVILA, CHRISTI I.</b> <b>3884 NW 82nd street</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.113	Priority creditor's name and mailing address <b>AVILA, DEMETRIO</b> <b>1001 E. REDBUD AVE</b> <b>202C</b> <b>McAllen, TX 78504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.114	Priority creditor's name and mailing address <b>AVILA, RICCO</b> <b>8210 N HICKORY</b> <b>9-036</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.115	Priority creditor's name and mailing address <b>Aviles, Guillermo</b> <b>35145 Drakeshire PI</b> <b>Apt 102</b> <b>Farmington, MI 48335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.116	Priority creditor's name and mailing address <b>AYALA, JESUS A.</b> <b>6201 65TH AVE N</b> <b>103</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.117	Priority creditor's name and mailing address <b>AZCORRA, MARIA M.</b> <b>1925 W BARKER</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.118	Priority creditor's name and mailing address <b>BAARTMAN, AHNA</b> <b>104 NORTH SANDBERG DRIVE</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.119 Priority creditor's name and mailing address

**BACH, SAMANTHA  
208 E FOURTH STREET  
Worthing, SD 57077**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.120 Priority creditor's name and mailing address

**BACHEZ CHAVEZ, CLARA  
137 GALEWOOD DR.  
Bolingbrook, IL 60440**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.121 Priority creditor's name and mailing address

**BACON, JOSEPHINA M.  
3120 NW 6  
Lincoln, NE 68521**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.122 Priority creditor's name and mailing address

**Bade, Meghan G.  
3033 SW 6th Street  
Lincoln, NE 68522**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.123	Priority creditor's name and mailing address <b>BAEZ-PANETO, ISALIZ</b> <b>13677 SW 62 ST</b> <b>Apt 206</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.124	Priority creditor's name and mailing address <b>Bagley, Samantha</b> <b>25249 Lorraine</b> <b>Ann Arbor, MI 48105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.125	Priority creditor's name and mailing address <b>BAILEY, COLE W.</b> <b>3832 NW BARRY ROAD</b> <b>Apt B</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.126	Priority creditor's name and mailing address <b>BAILEY, JIHAN</b> <b>8242 MARCUS STREET</b> <b>Detroit, MI 48213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.127	Priority creditor's name and mailing address <b>BAKER, JULIANA K.</b> <b>162 AZALEA LANE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.128	Priority creditor's name and mailing address <b>BAKER, NICK A.</b> <b>1419 Center Street</b> <b>Pekin, IL 61554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.129	Priority creditor's name and mailing address <b>BAKER, SAMUEL</b> <b>141 5TH AVENUE NORTH</b> <b>Apt 4</b> <b>South Saint Paul, MN 55075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.130	Priority creditor's name and mailing address <b>BAKER, TYRA R.</b> <b>1708 BRIGHTWELL CT</b> <b>Waldorf, MD 20602</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.131	Priority creditor's name and mailing address <b>BALDWIN, JASON</b> <b>519 HULTON ST</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.132	Priority creditor's name and mailing address <b>BALES, SKYLER D.</b> <b>4801 CLAIRE AVE</b> <b>Apt 1</b> <b>Lincoln, NE 68516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.133	Priority creditor's name and mailing address <b>BALISTRERI, NATHAN</b> <b>2410 NW Cove Drive</b> <b>Blue Springs, MO 64015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.134	Priority creditor's name and mailing address <b>BALTRIP, LYNN M.</b> <b>38020 JOPLIN DR.</b> <b>Clinton Township, MI 48036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.135	Priority creditor's name and mailing address <b>BANEGAS, CARMEN J.</b> <b>5406 LIVINGTON</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.136	Priority creditor's name and mailing address <b>Banks, Lamiah</b> <b>2706 Sheridan Road SE</b> <b>Washington, DC 20020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.137	Priority creditor's name and mailing address <b>BANNISTER, LEAH M.</b> <b>16119 N ADMIRAL RD</b> <b>Chillicothe, IL 61523</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.138	Priority creditor's name and mailing address <b>BARANOWSKI, JESSICA N.</b> <b>220 SUPERIOR DR</b> <b>Saint Louis, MO 63135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.139 Priority creditor's name and mailing address  
**BARARD, ALEXUS**  
**14500 APRIL ST**  
**Accokeek, MD 20607**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.140 Priority creditor's name and mailing address  
**Barba Pliego, Erick Daniel**  
**7720 4th Avenue South #305**  
**Minneapolis, MN 55423**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.141 Priority creditor's name and mailing address  
**BARBER, COURTNEY**  
**154 Hidden Village Ct**  
**Holland, OH 43528**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.142 Priority creditor's name and mailing address  
**BARDALES NAVARRO, SELVIN J.**  
**1010 MARCY AVE**  
**T4**  
**Oxon Hill, MD 20745**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.143	Priority creditor's name and mailing address <b>BARGER, CHAD</b> <b>4205 IRISH HILLS DR</b> <b>2D</b> <b>South Bend, IN 46614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.144	Priority creditor's name and mailing address <b>BARGHOUT, DEANNA C.</b> <b>4101 CORNELL</b> <b>Sawyer, MI 49125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.145	Priority creditor's name and mailing address <b>BARILLAS, HERMELINDA</b> <b>1948 S Vermont Ave.</b> <b>Independence, MO 64052</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.146	Priority creditor's name and mailing address <b>BARKER, ALYSSA M.</b> <b>83 MILLER AVE. SW</b> <b>A4</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.147	Priority creditor's name and mailing address <b>BARNES, MITCHELL K.</b> <b>7812 PRESERVATION DR</b> <b>Indianapolis, IN 46278</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.148	Priority creditor's name and mailing address <b>BARNES, TIMOTHY N.</b> <b>7550 GLADSTONE DRIVE</b> <b>103</b> <b>Naperville, IL 60565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.149	Priority creditor's name and mailing address <b>BARNETT, KENDALL</b> <b>629 COTTAGE GROVE AVE</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.150	Priority creditor's name and mailing address <b>BARNETT, REID</b> <b>1333 21ST ST. S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.151	Priority creditor's name and mailing address <b>Barnett, Vernon</b> <b>1961 Revere Road</b> <b>Cleveland, OH 44118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.152	Priority creditor's name and mailing address <b>Barr, Daniel</b> <b>12018 Bion Drive</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.153	Priority creditor's name and mailing address <b>BARRICK, LUCAS</b> <b>3004 S LOUISE</b> <b>Apt 202</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.154	Priority creditor's name and mailing address <b>BARRIOS, IVAN B.</b> <b>4805 NORTHCREST DR</b> <b>Apt C</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.155	Priority creditor's name and mailing address <b>BARTLETT, AMBER N.</b> <b>2758 COUNTY ROAD 56</b> <b>Toronto, OH 43964</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.156	Priority creditor's name and mailing address <b>BATES, CHRISTOPHER</b> <b>1607 W 12TH</b> <b>Davenport, IA 52803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.157	Priority creditor's name and mailing address <b>BATES, JOHN</b> <b>3515 10TH AVE S</b> <b>302</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.158	Priority creditor's name and mailing address <b>BATTON, KATHERINE M.</b> <b>8346 UNION CHAPEL ROAD</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.159	Priority creditor's name and mailing address <b>Baucom, Sarah</b> <b>1108 Hutchinson Way PI</b> <b>Florissant, MO 63031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.160	Priority creditor's name and mailing address <b>BAUDO, ALYSSA</b> <b>4420 W 123RD PL</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.161	Priority creditor's name and mailing address <b>BAUER, EMMA L.</b> <b>7000 W JACOB ST</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.162	Priority creditor's name and mailing address <b>BAUER, GARNER L.</b> <b>1519 N KNOXVILLE</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.163	Priority creditor's name and mailing address <b>BAUER, KIRI</b> <b>1781 35TH ST S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.164	Priority creditor's name and mailing address <b>BAUER, NICHOLAS</b> <b>2281 ACADEMY DRIVE</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.165	Priority creditor's name and mailing address <b>BAUER, SHANE T.</b> <b>5542 Adams Street</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.166	Priority creditor's name and mailing address <b>BAUMGARTNER, MICHAEL J.</b> <b>2585 PACIFIC DRIVE S</b> <b>204</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.167	Priority creditor's name and mailing address <b>BAUMLI, CHRISTOPHER W.</b> <b>12511 PRESTWICK DRIVE</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.168	Priority creditor's name and mailing address <b>BAUTISTA, CARLOS X.</b> <b>520 78TH AVE</b> <b>Minneapolis, MN 55432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.169	Priority creditor's name and mailing address <b>BAXTER-KLINE, TARA</b> <b>1201 CAMBRIDGE DR</b> <b>South Bend, IN 46614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.170	Priority creditor's name and mailing address <b>BAYLESS, AARON M.</b> <b>448 S MINNESOTA AVE</b> <b>Morton, IL 61550</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.171	Priority creditor's name and mailing address <b>BAYLESS, HEIDI C.</b> <b>448 S. MINNESOTA AVE.</b> <b>Morton, IL 61550</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.172	Priority creditor's name and mailing address <b>Baylock, Mariah</b> <b>2020 Brooks Drive #728</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.173	Priority creditor's name and mailing address <b>Bazquez Dominguez</b> <b>Noel Salvador</b> <b>7720 4th Avenue South #305</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.174	Priority creditor's name and mailing address <b>BEACH, BRENN A.</b> <b>220 ANN ST.</b> <b>Tonganoxie, KS 66086</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.175	Priority creditor's name and mailing address <b>BEACH, CLIFTON W.</b> <b>2602 BRINKLEY RD</b> <b>404</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.176	Priority creditor's name and mailing address <b>BEARD, JEREMY R.</b> <b>877 SAVANNA AVE.</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.177	Priority creditor's name and mailing address <b>BEAUGEARD, DAUNE S.</b> <b>4554 EMERSON AVE</b> <b>Saint Louis, MO 63120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.178	Priority creditor's name and mailing address <b>Beaver, Dellis L.</b> <b>421 United Avenue</b> <b>Harrisburg, SD 57032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.179	Priority creditor's name and mailing address <b>BECERRA, CHRISTIAN</b> <b>2208 EGGLESTON RD</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.180	Priority creditor's name and mailing address <b>BECKER, JACOB</b> <b>3523 5th St W</b> <b>307</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.181	Priority creditor's name and mailing address <b>Becker, Nathan S.</b> <b>821 G Street #4</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.182	Priority creditor's name and mailing address <b>BECKER, SOPHIA G.</b> <b>15308 VERDIN ST NW</b> <b>Andover, MN 55304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.183	Priority creditor's name and mailing address <b>BEEHLER, GRACE</b> <b>18234 GILMORE DR.</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.184	Priority creditor's name and mailing address <b>BEKKERMAN, ALLISON</b> <b>1030 COTTONWOOD CT</b> <b>2A</b> <b>Wheeling, IL 60090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.185	Priority creditor's name and mailing address <b>Bell, Haley N.</b> <b>9641 N. Ambassador Drive #1311</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.186	Priority creditor's name and mailing address <b>BELL, KENNEDY C.</b> <b>8702 MOUNT CLAIR COURT</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.187 Priority creditor's name and mailing address

**Bell, Virginia E.  
1003 Claymill Drive  
Spring Hill, TN 37174**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.188 Priority creditor's name and mailing address

**BELSCHNER, NATALIE N.  
7323 BOND WAY  
Inver Grove Heights, MN 55076**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.189 Priority creditor's name and mailing address

**BENNETT, LESLEY E.  
244 E 246 ST  
Euclid, OH 44123**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.190 Priority creditor's name and mailing address

**BENOIT, JOSIE J.  
420 W 11TH ST  
Sioux Falls, SD 57103**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.191	Priority creditor's name and mailing address <b>BENTIEZ, WALTER</b> <b>1002 MARCY</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.192	Priority creditor's name and mailing address <b>BENTON, JESSICA N.</b> <b>300 N ROYAL OAKS BLVD.</b> <b>606</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.193	Priority creditor's name and mailing address <b>Benz, Douglas E.</b> <b>5934 NW 90th Terr</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.194	Priority creditor's name and mailing address <b>Bergholtz, Zachariah A.</b> <b>3102 West End Avenue, # 125</b> <b>Nashville, TN 37203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.195	Priority creditor's name and mailing address <b>BERGLUND, CORRIN J.</b> <b>3055 EAGANDALE PL</b> <b>326</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.196	Priority creditor's name and mailing address <b>BERGTHOLD, ALEXIS</b> <b>351 KIRKWOOD CT SW</b> <b>Apt 1</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.197	Priority creditor's name and mailing address <b>BERKEY, ANNETTE E.</b> <b>7201 Lincoln Ave</b> <b>Unit 505</b> <b>Lincolnwood, IL 60712</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.198	Priority creditor's name and mailing address <b>BERKEY, RACHAEL E.</b> <b>2154 Rugen Road</b> <b>Apt A</b> <b>Glenview, IL 60026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.199	Priority creditor's name and mailing address <b>BERLIN, JEFFREY</b> <b>645 DUNSTEN CR</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.200	Priority creditor's name and mailing address <b>BERMAN, CAMILLE K.</b> <b>11354 APENNINE WAY</b> <b>Inver Grove Heights, MN 55077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.201	Priority creditor's name and mailing address <b>BERMUDEZ, NORRIS</b> <b>13787 SW 66TH ST</b> <b>D253</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.202	Priority creditor's name and mailing address <b>BERNABE, GEOVANNY J.</b> <b>8002 DOWITCH LN</b> <b>Apt D</b> <b>Indianapolis, IN 46260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.203	Priority creditor's name and mailing address <b>BERNARD, OLIVIA M.</b> <b>1112 A Ave NW</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.204	Priority creditor's name and mailing address <b>Berry, Nigel T.</b> <b>19211 Anglin</b> <b>Detroit, MI 48234</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.205	Priority creditor's name and mailing address <b>BERRY, SIDRICK</b> <b>16025 SW 99 AVE</b> <b>Miami, FL 33157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.206	Priority creditor's name and mailing address <b>BERTAGNA, JOY</b> <b>825 SEERS DR.</b> <b>Schaumburg, IL 60173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.207	Priority creditor's name and mailing address <b>BERTSCH, BRIANNE L.</b> <b>3505 W 85TH STREET</b> <b>104</b> <b>Sioux Falls, SD 57108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.208	Priority creditor's name and mailing address <b>Bethea, Rostelle</b> <b>11279 Tolkien Ave</b> <b>White Plains, MD 20695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.209	Priority creditor's name and mailing address <b>Beuning, Elizabeth K.</b> <b>1017 Raymond Avenue Unit 9</b> <b>Saint Paul, MN 55114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.210	Priority creditor's name and mailing address <b>BEVILACQUA, LUCAS</b> <b>805 N STEPHENSON HWY</b> <b>Royal Oak, MI 48067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.211	Priority creditor's name and mailing address <b>Bianski, Derian N.</b> <b>415 Englewood Court</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.212	Priority creditor's name and mailing address <b>BIASELLA, BROOKE V.</b> <b>13202 W 123RD TERR</b> <b>Overland Park, KS 66213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.213	Priority creditor's name and mailing address <b>BIBBS, OTIS</b> <b>1315 E Mills Ave</b> <b>Indianapolis, IN 46227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.214	Priority creditor's name and mailing address <b>BIENFANG, JESSICA</b> <b>14130 250TH AVE NW</b> <b>Zimmerman, MN 55398</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.215	Priority creditor's name and mailing address <b>BIGALKE, ASHLEY J.</b> <b>2100 21st Ave S</b> <b>#105</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.216	Priority creditor's name and mailing address <b>BILEK, AMANDA R.</b> <b>2315 JEBENS AVE</b> <b>Apt 9</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.217	Priority creditor's name and mailing address <b>BILGER, JORDYN A.</b> <b>2930 EASTON RIDGE PLACE</b> <b>Fort Wayne, IN 46818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.218	Priority creditor's name and mailing address <b>BILLINGSLEY, CORNELIUS L.</b> <b>8621 Wave Circle Apt B</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.219	Priority creditor's name and mailing address <b>Bindus, Terajane E.</b> <b>2015 N. McCord Road #43</b> <b>Toledo, OH 43615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.220	Priority creditor's name and mailing address <b>BIRKEY, COREY K.</b> <b>522 CENTER STREET</b> <b>Barnum, IA 50518</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.221	Priority creditor's name and mailing address <b>BIRKEY, LARRY D.</b> <b>1633 10TH ST</b> <b>Manson, IA 50563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.222	Priority creditor's name and mailing address <b>BLACK JR. Jr., TRACY J.</b> <b>5619 HIGHLAND AVE</b> <b>Kansas City, MO 64130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.223	Priority creditor's name and mailing address <b>BLACK, DANIELLE M.</b> <b>6545 Ohio River Blvd.</b> <b>Pittsburgh, PA 15202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.224	Priority creditor's name and mailing address <b>BLACK, HANNAH</b> <b>3818 DALEWOOD DRIVE</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.225	Priority creditor's name and mailing address <b>Black, Isaiah M.</b> <b>726 N. 81st Ter.</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.226	Priority creditor's name and mailing address <b>BLACK, MADISON R.</b> <b>11502 LUMPKIN</b> <b>Hamtramck, MI 48212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.227	Priority creditor's name and mailing address <b>BLAHUNKA, LUCAS</b> <b>701 COOLIDGE PL</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.228	Priority creditor's name and mailing address <b>Blakwell, Ryan B.</b> <b>2808 East Avenue</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.229	Priority creditor's name and mailing address <b>BLANCHARD, LYNDIA</b> <b>7615 N SHERMAN DR</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.230	Priority creditor's name and mailing address <b>BLANCO, JENNIFER</b> <b>13151 SW 17 TER</b> <b>Miami, FL 33175</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.231	Priority creditor's name and mailing address <b>BLANDING, EARL W.</b> <b>1312 SINGER PLACE</b> <b>3B</b> <b>Pittsburgh, PA 15221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.232	Priority creditor's name and mailing address <b>BLANKENSHIP, CODI L.</b> <b>9806 NW 86TH ST</b> <b>Kansas City, MO 64153</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.233	Priority creditor's name and mailing address <b>BLEDSON, ALEXA P.</b> <b>10219 W 53RD ST</b> <b>Shawnee, KS 66203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.234	Priority creditor's name and mailing address <b>BLEY, JASON</b> <b>11766 PARKVIEW DRIVE</b> <b>Plymouth, MI 48170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.235	Priority creditor's name and mailing address <b>BLIVEN, PETER J.</b> <b>350 ROSE LANE</b> <b>Saint Paul, MN 55117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.236	Priority creditor's name and mailing address <b>BLOOD, MELISSA K.</b> <b>18761 Foxrun Circle</b> <b>Cold Spring, MN 56320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.237	Priority creditor's name and mailing address <b>BLOOD, MELISSA K.</b> <b>18761 Foxrun Circle</b> <b>Cold Spring, MN 56320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.238	Priority creditor's name and mailing address <b>BLOOM, JAMIE</b> <b>6069 KILBURN</b> <b>Rockford, IL 61101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.239	Priority creditor's name and mailing address <b>BLOOM, LOGAN S.</b> <b>1911 NEBRASKA RD</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.240	Priority creditor's name and mailing address <b>Blow, Raymont</b> <b>13508 Anglin</b> <b>Hamtramck, MI 48212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.241	Priority creditor's name and mailing address <b>Boakai, Brandon</b> <b>6830 Scott Avenue No.</b> <b>Brooklyn Center, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.242	Priority creditor's name and mailing address <b>BOATSWAIN, MARY</b> <b>3434 BRINKLEY ROAD</b> <b>103</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.243 Priority creditor's name and mailing address  
**BOELTER, RICHARD**  
**1311 YARMOUTH COURT**  
**Schaumburg, IL 60193**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.244 Priority creditor's name and mailing address  
**BOHLER-WELCH, MICKAELA K.**  
**5820 73rd Ave N**  
**Apt 215**  
**Minneapolis, MN 55429**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.245 Priority creditor's name and mailing address  
**Bohlken, Michael**  
**498 Canterbury Trail**  
**Roselle, IL 60172**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.246 Priority creditor's name and mailing address  
**BOILINI, KYLE S.**  
**695 Brittany Square**  
**Apt 4**  
**Grayslake, IL 60030**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.247	Priority creditor's name and mailing address <b>BOLEF, TAYLOR E.</b> <b>1790 SEVEN PINES DR</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.248	Priority creditor's name and mailing address <b>Bolender, Renea</b> <b>18671 Lathers</b> <b>Livonia, MI 48152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.249	Priority creditor's name and mailing address <b>BOLL, JENNIFER D.</b> <b>3811 E 50TH ST</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.250	Priority creditor's name and mailing address <b>BOLLAT MONROY, VILMA Y.</b> <b>6271 OXON HILL RD</b> <b>101</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.251	Priority creditor's name and mailing address <b>BOMBINO, MANUEL A.</b> <b>15275 SW 23 LN</b> <b>Miami, FL 33185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.252	Priority creditor's name and mailing address <b>BONILLA, ALEXANDER</b> <b>1002 MARCY AVE</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.253	Priority creditor's name and mailing address <b>BONOLA BARBA, ANDRES</b> <b>7720 AVE S</b> <b>Unit 306</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.254	Priority creditor's name and mailing address <b>Bonorden, Josefina C.</b> <b>8426 Cooper Way</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.255 Priority creditor's name and mailing address  
**BOONE, ERIC**  
**2122 COUNTY RD**  
**101**  
**District Heights, MD 20747**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.256 Priority creditor's name and mailing address  
**BOONE, WILLIAM E.**  
**10110 N HIGHLAND PL**  
**Kansas City, MO 64155**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.257 Priority creditor's name and mailing address  
**BOOTH, MARISSA M.**  
**9743 HEMLOCK LN N**  
**Osseo, MN 55369**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.258 Priority creditor's name and mailing address  
**BORGSCHULTE, RYAN T.**  
**11725 LAKE AVENUE**  
**Apt 5**  
**Lakewood, OH 44107**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.259 Priority creditor's name and mailing address  
**BORMAN, BRANDON**  
**23766 PRESCOTT LN W**  
**South Lyon, MI 48178**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.260 Priority creditor's name and mailing address  
**Borns, Braden C.**  
**6020 S. Hallow Circle**  
**Sioux Falls, SD 57106**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.261 Priority creditor's name and mailing address  
**BOUSIM, KEVIN**  
**12811 TUSCANY WAY**  
**Fort Wayne, IN 46845**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.262 Priority creditor's name and mailing address  
**BOWEN, BRIANA T.**  
**18472 NORWOOD ST.**  
**Detroit, MI 48234**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.263	Priority creditor's name and mailing address <b>BOWEN, STEPHANIE</b> <b>3615 BERKELEY DR</b> <b>Toledo, OH 43612</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.264	Priority creditor's name and mailing address <b>BOYD, MAXWELL J.</b> <b>31 GENEVA STREET</b> <b>Highland Park, MI 48203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.265	Priority creditor's name and mailing address <b>BOYD, RIONI</b> <b>17401 CUSACK LANE</b> <b>Washington, DC 20260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.266	Priority creditor's name and mailing address <b>BOYER, ZACHARY A.</b> <b>729 BROADACRE AVE.</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.267	Priority creditor's name and mailing address <b>BOYETTE, ARIEYONA</b> <b>5205 MORRIS AVENUE</b> <b>104</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.268	Priority creditor's name and mailing address <b>BOYLAND, PATRICK</b> <b>1617 Liberty St</b> <b>Hanover Park, IL 60133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.269	Priority creditor's name and mailing address <b>BRADLEY, DEAILLO E.</b> <b>12624 ROSEMARY</b> <b>Detroit, MI 48213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.270	Priority creditor's name and mailing address <b>BRADLEY, DERRICK E.</b> <b>114 PINE ST N</b> <b>Sauk Centre, MN 56378</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	19-43756
2.271	Priority creditor's name and mailing address <b>BRADLEY, RYELL</b> <b>4701 KENMORE AVE</b> <b>417</b> <b>Alexandria, VA 22304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.272	Priority creditor's name and mailing address <b>Bradley, Ryell</b> <b>6641 Creek Point Way</b> <b>Alexandria, VA 22315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.273	Priority creditor's name and mailing address <b>Bragg, Keith F.</b> <b>573 Oxon Hill Rd. #A1</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.274	Priority creditor's name and mailing address <b>BRAILEY, ANNA M.</b> <b>225 Aberdeen Drive</b> <b>Oakdale, PA 15071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.275	Priority creditor's name and mailing address <b>BRAILEY, ELLIOTT</b> <b>1409 POPLAR ST</b> <b>15</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.276	Priority creditor's name and mailing address <b>BRANDON, ADRIENNE R.</b> <b>1490 FAIRWAY DRIVE</b> <b>102</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.277	Priority creditor's name and mailing address <b>Brann, Jenifer L.</b> <b>2024 Bunker Avenue</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.278	Priority creditor's name and mailing address <b>BRANSTUTTER, BRIANNE</b> <b>604 Orchard View Dr</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.279	Priority creditor's name and mailing address <b>BRASIER, JEREMIAH</b> <b>26 1/2 RENSHAW ST</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.280	Priority creditor's name and mailing address <b>BRAXTON, ESHANTEE J.</b> <b>6708 CENTRAL HILLS TERRACE</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.281	Priority creditor's name and mailing address <b>BRAZEL, ERIN M.</b> <b>6229 ST JOE RD</b> <b>302</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.282	Priority creditor's name and mailing address <b>BRAZELTON, BRYCE</b> <b>483 W LYNNHURST</b> <b>18</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.283	Priority creditor's name and mailing address <b>Breitag, Kayli</b> <b>4921 S. Graystone Avenue #14</b> <b>Sioux Falls, SD 57108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.284	Priority creditor's name and mailing address <b>BRELAND, BRITNIE</b> <b>2908 S LOUISE AVE</b> <b>30Q</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.285	Priority creditor's name and mailing address <b>BREN, ALEX</b> <b>8660 OLD CEDAR AVE.S</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.286	Priority creditor's name and mailing address <b>BRENNAN, PAUL M.</b> <b>76 WESTERN AVE. N.</b> <b>Apt 2</b> <b>Saint Paul, MN 55102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.287	Priority creditor's name and mailing address <b>BRENNEMAN, JORDAN</b> <b>3196 WILLIAMSBURG CT</b> <b>Apt C</b> <b>Mishawaka, IN 46545</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.288	Priority creditor's name and mailing address <b>BREWER, JAILYN A.</b> <b>1590 NW 109TH ST</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.289	Priority creditor's name and mailing address <b>BRICENO, JOSE L.</b> <b>1800 GRAND AVE. APT 153</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.290	Priority creditor's name and mailing address <b>BRIGHAM, GARY C.</b> <b>8135 RANDY DR</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.291	Priority creditor's name and mailing address <b>BRINK, THOMAS S.</b> <b>1861 39TH STREET SOUTH</b> <b>306</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.292	Priority creditor's name and mailing address <b>BRISCOE, JULIUS J.</b> <b>7528 NW KERNS DR</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.293	Priority creditor's name and mailing address <b>BRISENDINE, NEIL J.</b> <b>4728 ALTON DR.</b> <b>Troy, MI 48085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.294	Priority creditor's name and mailing address <b>BRITO, JACINTO</b> <b>2216 ALICE AVENUE</b> <b>104</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.295	Priority creditor's name and mailing address <b>BRITO, VICENTE</b> <b>5708 GREENLEY AVWE APT C</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.296	Priority creditor's name and mailing address <b>BROCK, DEVON</b> <b>1008 3RD ST</b> <b>Garretson, SD 57030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.297	Priority creditor's name and mailing address <b>BROCK, TRACY</b> <b>1008 3RD STREET</b> <b>Garretson, SD 57030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.298	Priority creditor's name and mailing address <b>BROCKWAY, KELLY</b> <b>443 SEQUOIA TRAIL</b> <b>Cary, IL 60013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.299	Priority creditor's name and mailing address <b>BROOKS, LUCAS S.</b> <b>123 SHELBOURNE DRIVE</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.300	Priority creditor's name and mailing address <b>BROTSKY, KADE</b> <b>5004 W EQUESTRIAN PL</b> <b>418</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.301	Priority creditor's name and mailing address <b>BROU, JUANITA</b> <b>5367 TANEY ANENUE</b> <b>201</b> <b>Alexandria, VA 22304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.302	Priority creditor's name and mailing address <b>BROUSE, NOELLE B.</b> <b>12121 S LAVERGNE</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.303	Priority creditor's name and mailing address <b>BROWALL, CHRISTOPHER Y.</b> <b>32802 BARCLAY SQUARE</b> <b>Warren, MI 48093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.304	Priority creditor's name and mailing address <b>Browall, Christopher Y.</b> <b>8030 Studebaker Avenue</b> <b>Warren, MI 48089</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.305	Priority creditor's name and mailing address <b>BROWDER, GERALD L.</b> <b>6335 LYNDAL AVE SOUTH</b> <b>Apt 1</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.306	Priority creditor's name and mailing address <b>Brower, Lauren</b> <b>899 Barrett Street #207</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.307	Priority creditor's name and mailing address <b>Brown III, Melvin W.</b> <b>7712 Sugar Maple Court</b> <b>Plainfield, IL 60586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.308	Priority creditor's name and mailing address <b>BROWN, BARRY J.</b> <b>3806 VALLEYWOOD CT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.309	Priority creditor's name and mailing address <b>Brown, Bradley L.</b> <b>7712 Sugar Maple Court</b> <b>Plainfield, IL 60586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.310	Priority creditor's name and mailing address <b>BROWN, BRYAN T.</b> <b>2195 DOE RUN</b> <b>Arnold, MO 63010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.311	Priority creditor's name and mailing address <b>BROWN, COURTNEY R.</b> <b>938 CLIVE ST</b> <b>Pittsburgh, PA 15202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.312	Priority creditor's name and mailing address <b>BROWN, CRYSTAL</b> <b>120 DONALD CT</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.313	Priority creditor's name and mailing address <b>Brown, Miranda</b> <b>122 Grenadier Drive</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.314	Priority creditor's name and mailing address <b>BROWN, NICOLE</b> <b>395 Georgetown Road</b> <b>Darlington, PA 16115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.315 Priority creditor's name and mailing address

**BROWNSBERGER, BRYCE**  
**15765 NW 135th St.**  
**Platte City, MO 64079**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.316 Priority creditor's name and mailing address

**Broyles, Elizabeth**  
**1838 Parkside Drive**  
**Liberty, MO 64068**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.317 Priority creditor's name and mailing address

**BRUGGEMAN, QUINN O.**  
**2300 S BLAUVELT AVE**  
**Sioux Falls, SD 57108**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.318 Priority creditor's name and mailing address

**BRUNO, JENNIFER A.**  
**1860 PARKSIDE DR**  
**A1**  
**Park Ridge, IL 60068**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.319	Priority creditor's name and mailing address <b>BRYANT, BENJAMIN</b> <b>2443 EASTGATE</b> <b>Toledo, OH 43613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.320	Priority creditor's name and mailing address <b>BRYANT, LUTHER</b> <b>606 BARTLETT CT NW</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.321	Priority creditor's name and mailing address <b>Bryla, Deanna</b> <b>811 Hampton Lane</b> <b>Yorkville, IL 60560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.322	Priority creditor's name and mailing address <b>BUCHHOLZ, BAILEY L.</b> <b>701 6TH AVE N</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.323	Priority creditor's name and mailing address <b>BUCKMAN, ANNE E.</b> <b>4830 Jersey Ridge Rd. Apt 2</b> <b>Davenport, IA 52807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.324	Priority creditor's name and mailing address <b>BUCKMASTER, JACOB R.</b> <b>11650 REED RD</b> <b>Whitehouse, OH 43571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.325	Priority creditor's name and mailing address <b>BUEHLER, KALEIGH</b> <b>21260 W 123rd Street</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.326	Priority creditor's name and mailing address <b>BUELOW, HENRY D.</b> <b>107 TYLER COURT</b> <b>Saint Stephen, MN 56375</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.327	Priority creditor's name and mailing address <b>BUENO-GAMBOA, ANNET M.</b> <b>1953 LEBLANC ST.</b> <b>Lincoln Park, MI 48146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.328	Priority creditor's name and mailing address <b>BUERGER, CATHERINE</b> <b>4304 EATON DR</b> <b>Rockford, IL 61114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.329	Priority creditor's name and mailing address <b>BUERGER, ROBERT</b> <b>4304 Eaton Drive</b> <b>Rockford, IL 61114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.330	Priority creditor's name and mailing address <b>BUGAJ, RICHARD A.</b> <b>1736 KENSINGTON RD</b> <b>Toledo, OH 43607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.331	Priority creditor's name and mailing address <b>BUKOWSKI, CAILYN R.</b> <b>620 80TH ST NW</b> <b>Rice, MN 56367</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.332	Priority creditor's name and mailing address <b>Bulard, Alexis K.</b> <b>12812 Portulaca Drive, Unit K</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.333	Priority creditor's name and mailing address <b>BULERA, KELLI</b> <b>15407 Radium ST NW</b> <b>Anoka, MN 55303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.334	Priority creditor's name and mailing address <b>BUMP, TABITHA J.</b> <b>1000 W VENTURE PL</b> <b>Apt 326</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.335	Priority creditor's name and mailing address <b>BUNCE, SHARAYAH</b> <b>16938 WEAVER LAKE DRIVE</b> <b>Osseo, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.336	Priority creditor's name and mailing address <b>BURCH, COURTNEY A.</b> <b>5725 POMMEL CT.</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.337	Priority creditor's name and mailing address <b>Burciaga, Danielle</b> <b>1426 Heritage Dr.</b> <b>Canton, MI 48188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.338	Priority creditor's name and mailing address <b>BURGESS, KALEA</b> <b>52160 WOODSEGE DRIVE</b> <b>Granger, IN 46530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.339	Priority creditor's name and mailing address <b>Burkart, Joseph D.</b> <b>2879 Royal Ave</b> <b>Berkley, MI 48072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.340	Priority creditor's name and mailing address <b>BURKE, THOMAS</b> <b>947 County Rd D</b> <b>Apt 102</b> <b>Saint Paul, MN 55109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.341	Priority creditor's name and mailing address <b>BURNETT, JAMILLA</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.342	Priority creditor's name and mailing address <b>BURNETT, STEVONNA L.</b> <b>307 ARAGONA DRIVE</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.343	Priority creditor's name and mailing address <b>Burns, Karchumbe M.</b> <b>23 E. Adams Ave.</b> <b>Detroit, MI 48226</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.344	Priority creditor's name and mailing address <b>BURRIS, REBECCA K.</b> <b>4512 Old Baumgartner Rd</b> <b>Saint Louis, MO 63129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.345	Priority creditor's name and mailing address <b>BURTLOW, BRITTANY</b> <b>2027 SANDALWOOD DR NE</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.346	Priority creditor's name and mailing address <b>BURTON, ERICA P.</b> <b>9264 PINEHURST</b> <b>Detroit, MI 48204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.347	Priority creditor's name and mailing address <b>BUSCH, CLAIRE A.</b> <b>3513 CUNEEN TRL EAST</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.348	Priority creditor's name and mailing address <b>BUTLER, JACQUESE D.</b> <b>23756 SOUTH KEYSTONE WAY</b> <b>Clinton Township, MI 48036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.349	Priority creditor's name and mailing address <b>BUTLER, VINCENT C.</b> <b>532 WILSON BRIDGE DRIVE</b> <b>B2</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.350	Priority creditor's name and mailing address <b>Butler, Vincent C.</b> <b>906 Palmer Rd. Apt. 11</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.351	Priority creditor's name and mailing address <b>BUWA, AUSTIN W.</b> <b>822 S. Ironwood</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.352	Priority creditor's name and mailing address <b>CABREJOS, PEDRO M.</b> <b>4906 GLASSMANOR DR</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.353	Priority creditor's name and mailing address <b>Cabrera Moronta, Andres</b> <b>355 2nd Avenue South #302</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.354	Priority creditor's name and mailing address <b>Cabrera Moronta, Andres</b> <b>355 2nd Avenue South #302</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.355	Priority creditor's name and mailing address <b>CABRERA, GUILLERMO</b> <b>4719 ALDRICH AVE N</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.356	Priority creditor's name and mailing address <b>CACERES, JERSON J.</b> <b>7811 SW 136 AVE</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.357	Priority creditor's name and mailing address <b>CADEAU, MARISSA</b> <b>682 QUEENS WAY</b> <b>Canton, MI 48188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.358	Priority creditor's name and mailing address <b>CADY, JACOB</b> <b>1748 WATERMILL LANE</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.359	Priority creditor's name and mailing address <b>CALEBAUGH, KELLY-JON C.</b> <b>5173 Longview Drive</b> <b>Saint Paul, MN 55112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.360	Priority creditor's name and mailing address <b>CALLAHAN, JACEY J.</b> <b>17688 COBBLESTONE CT.</b> <b>South Bend, IN 46635</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.361	Priority creditor's name and mailing address <b>CALVA, JAVIER</b> <b>2692 VIERLING DR E</b> <b>Shakopee, MN 55379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.362	Priority creditor's name and mailing address <b>CAMACHO, MARIA</b> <b>5800 NW PLAZA DRIVE</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.363	Priority creditor's name and mailing address <b>Campbell, Annette</b> <b>3888 Northgate Place</b> <b>Waldorf, MD 20602</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.364	Priority creditor's name and mailing address <b>CAMPOPIANO, JORDAN A.</b> <b>3085 COMMONWEALTH DRIVE</b> <b>2331</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.365	Priority creditor's name and mailing address <b>CAMPOS, JOSE M.</b> <b>6909 SOUTH MULFORD RD</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.366	Priority creditor's name and mailing address <b>CAMPOS, JUAN C.</b> <b>9611 Melrose Street #1</b> <b>Overland Park, KS 66214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.367	Priority creditor's name and mailing address <b>CAMPOS, RONALD A.</b> <b>26114 Tawas St</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.368	Priority creditor's name and mailing address <b>CAMPOS, RUBEN</b> <b>7632 CHERRYVALE BLVD</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.369	Priority creditor's name and mailing address <b>CAMPOS, RUBEN</b> <b>5132 GRAND CAPE RD</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.370	Priority creditor's name and mailing address <b>CANAS, RAUL</b> <b>7444 157TH ST W</b> <b>109</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.371	Priority creditor's name and mailing address <b>CANGURA, BEATRIZ E.</b> <b>5619 FARGO AVE</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.372	Priority creditor's name and mailing address <b>CANINO, ANGELA</b> <b>12945 S. Mason Ave.</b> <b>Palos Heights, IL 60463</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.373	Priority creditor's name and mailing address <b>CANNON, CHRISTOPHER D.</b> <b>3202 LUMAR DR.</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.374	Priority creditor's name and mailing address <b>CANO, JOSEPH</b> <b>8519 Parallel Prkwy</b> <b>#9</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.375	Priority creditor's name and mailing address <b>CANTON, SYIONTE</b> <b>5901 W 37TH ST</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.376	Priority creditor's name and mailing address <b>CAPIRO, IVAN</b> <b>11760 SW 181ST TER</b> <b>Miami, FL 33177</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.377	Priority creditor's name and mailing address <b>CARAPIA, FERNANDO C.</b> <b>8404 NEWPORT AVE</b> <b>16</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.378	Priority creditor's name and mailing address <b>CARBONNEAU, EMMA M.</b> <b>5004 W EQUESTRIAN</b> <b>418</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.379	Priority creditor's name and mailing address <b>CARLBERG, STACEY J.</b> <b>4103 S. WEST AVE</b> <b>#2</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.380	Priority creditor's name and mailing address <b>CARNAHAN, MELISSA</b> <b>310 5TH ST</b> <b>Springville, IA 52336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.381	Priority creditor's name and mailing address <b>CARR, DAVID S.</b> <b>4819 NORFOLK PL</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.382	Priority creditor's name and mailing address <b>CARR, ELIJAH D.</b> <b>10905 SW 142ND LANE</b> <b>Miami, FL 33176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.383	Priority creditor's name and mailing address <b>CARR, HALEIGH A.</b> <b>1040 Y ST APT 223</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.384	Priority creditor's name and mailing address <b>CARR, SAMUEL</b> <b>4819 NORFOLK PLACE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.385	Priority creditor's name and mailing address <b>CARRASCO, Antonio</b> <b>6445 LIVINGTON RD</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.386	Priority creditor's name and mailing address <b>CARRASCO, FERNANDO</b> <b>1435 BLAISDELL</b> <b>#2</b> <b>Rockford, IL 61101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.387	Priority creditor's name and mailing address <b>CARRILLO, ROCIO</b> <b>6454 CERNECH RD</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.388	Priority creditor's name and mailing address <b>CARRINGTON, MELISSA E.</b> <b>15839 FREEDOM LN</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.389	Priority creditor's name and mailing address <b>CARROLL, DELAUNTE A.</b> <b>5605 DAUNDALK DR</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.390	Priority creditor's name and mailing address <b>CARROLL, IAN M.</b> <b>3652 WESCOTT HILLS DRIVE</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.391	Priority creditor's name and mailing address <b>Carroll, Madison</b> <b>808 1/2 Oak</b> <b>New Haven, IN 46774</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.392	Priority creditor's name and mailing address <b>Carson, Kayla L.</b> <b>8208 Utah Court North</b> <b>Brooklyn Park, MN 55445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.393	Priority creditor's name and mailing address <b>CARSTENSEN, ALEXA</b> <b>7901 SOUTH 97TH BAY</b> <b>Lincoln, NE 68526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.394	Priority creditor's name and mailing address <b>CARTAGENA, CECILIA</b> <b>6341 Zane Ave N</b> <b>Apt 202</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.395	Priority creditor's name and mailing address <b>CARTER, DEMARCO</b> <b>217 S WESTERN</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.396	Priority creditor's name and mailing address <b>CARTER, DENE</b> <b>3410 BRINKLEY RD</b> <b>201</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.397	Priority creditor's name and mailing address <b>CARTER, JAQUANDRA R.</b> <b>4509 23RD PKWY</b> <b>204</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.398	Priority creditor's name and mailing address <b>CARTER, MADISON L.</b> <b>5021 N 129TH ST</b> <b>Omaha, NE 68164</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.399	Priority creditor's name and mailing address <b>CARTER, RACHEL</b> <b>13546 PANOLA DR</b> <b>Lindstrom, MN 55045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.400	Priority creditor's name and mailing address <b>CARUTHERS, SHANICE</b> <b>2202 TELEGRAPH ROAD</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.401	Priority creditor's name and mailing address <b>CARUTHERS, SHANICE</b> <b>2202 TELEGRAPH ROAD</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.402	Priority creditor's name and mailing address <b>CASAS, JOSE C.</b> <b>527 FIFTH ST</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.403	Priority creditor's name and mailing address <b>CASSADY, SEAN J.</b> <b>337 S MARIAS AVE</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.404	Priority creditor's name and mailing address <b>Cassens, George D.</b> <b>1879 Pelican Court</b> <b>Troy, MI 48084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.405	Priority creditor's name and mailing address <b>Cassidy, Brendan W.</b> <b>607 Thunderbird Court</b> <b>Saint Louis, MO 63107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.406	Priority creditor's name and mailing address <b>CASTILHO, PHILIP K.</b> <b>5990 NW 104 CT</b> <b>Miami, FL 33178</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.407	Priority creditor's name and mailing address <b>CASTILLI AYALA, JOSE NOEL N.</b> <b>31316 E IRVINNG AVENUE</b> <b>Apt A</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.408	Priority creditor's name and mailing address <b>CASTILLO, ALBERTO</b> <b>3205 HARBOR LN APT 4</b> <b>Minneapolis, MN 55447</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.409	Priority creditor's name and mailing address <b>CASTILLO, ANGEL M.</b> <b>2621 Arlington Dr</b> <b>Apt 103</b> <b>Alexandria, VA 22306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.410	Priority creditor's name and mailing address <b>Castro, Alexander</b> <b>1208 Sylvia Drive</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.411	Priority creditor's name and mailing address <b>Caudle, Lyndsi</b> <b>120 N 61st Terrace</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.412	Priority creditor's name and mailing address <b>Caughorn, Ashley A.</b> <b>2124 Grantwood</b> <b>Toledo, OH 43613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.413	Priority creditor's name and mailing address <b>CAVANAUGH, KAYLIE E.</b> <b>2204 S. ROOSEVELT AVE</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.414	Priority creditor's name and mailing address <b>CAYLER, CRAIG A.</b> <b>2000 21ST AVE SOUTH</b> <b>106</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.415 Priority creditor's name and mailing address

**Ceballos, Daniel**  
**5033 S. 20th Street #18**  
**Omaha, NE 68127**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.416 Priority creditor's name and mailing address

**CEDILLO, JOSE**  
**WALDO ST**  
**Detroit, MI 48210**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.417 Priority creditor's name and mailing address

**Celeste, Creston T.**  
**7601 NW Pampas Lane**  
**Kansas City, MO 64152**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.418 Priority creditor's name and mailing address

**Cepeda, Enrique**  
**7465 W 144th St**  
**Savage, MN 55378**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.419	Priority creditor's name and mailing address <b>CERBANTES, CECILIA</b> <b>204 E BROADWAY ST</b> <b>South Bend, IN 46601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.420	Priority creditor's name and mailing address <b>CERDA MORTON, MARIA</b> <b>217 TANGLEWOOD CT</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.421	Priority creditor's name and mailing address <b>CERESO CORTES, CARLOS</b> <b>5710 BOSSEN TERRACE</b> <b>Apt 6</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.422	Priority creditor's name and mailing address <b>CERESO CORTES, JUAN</b> <b>55 W 96TH ST</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.423	Priority creditor's name and mailing address <b>CERNOSEK, KRYSTA L.</b> <b>1175 LANCASTER CT</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.424	Priority creditor's name and mailing address <b>Cestarys Rodriguez, Miguel A.</b> <b>120 S Testa Dr</b> <b>Apt 103</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.425	Priority creditor's name and mailing address <b>CHAMPION, MELISSA</b> <b>2812 OAK GROVE LANE</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.426	Priority creditor's name and mailing address <b>CHANDLER, LYDIA R.</b> <b>3816 106TH ST</b> <b>APT 60 BLDG 8</b> <b>Urbandale, IA 50322</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.427	Priority creditor's name and mailing address <b>CHAPEL, RICHARD L.</b> <b>2612 CLEARWATER RD</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.428	Priority creditor's name and mailing address <b>CHAPPELL, CLINT O.</b> <b>137 WEDGEWOOD DR</b> <b>Apt 1</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.429	Priority creditor's name and mailing address <b>Charles, Christopher</b> <b>156 Franklin Street</b> <b>Weirton, WV 26062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.430	Priority creditor's name and mailing address <b>CHARLEY, EDWARD A.</b> <b>997 FORSYTHE ROAD</b> <b>Carnegie, PA 15106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.431	Priority creditor's name and mailing address <b>CHARLTON, AMANDA</b> <b>71 LONGMORE AVENUE</b> <b>Mc Kees Rocks, PA 15136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.432	Priority creditor's name and mailing address <b>CHARLTON, RYAN J.</b> <b>505 S SUMMIT DRIVE</b> <b>Washington, IL 61571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.433	Priority creditor's name and mailing address <b>CHAVARRIA, LUIS F.</b> <b>4620 MEREDITH ST APT 1</b> <b>Lincoln, NE 68506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.434	Priority creditor's name and mailing address <b>CHAVEZ QUEVEDO, JOSE I.</b> <b>2725 PLEASANT AVE S</b> <b>302</b> <b>Minneapolis, MN 55408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.435	Priority creditor's name and mailing address <b>CHAVEZ, ADA</b> <b>7560 MELROSE AVE</b> <b>Saint Louis, MO 63130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.436	Priority creditor's name and mailing address <b>Chavez, Anahi G.</b> <b>5305 Twana Drive #4</b> <b>Des Moines, IA 50310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.437	Priority creditor's name and mailing address <b>CHAVEZ, FELIX</b> <b>12906 S BROOKFIEL ST APT A</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.438	Priority creditor's name and mailing address <b>CHAVEZ, MARIAH J.</b> <b>8323 TAUROMEE AVENUE</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.439	Priority creditor's name and mailing address <b>CHAVEZ, SARAH A.</b> <b>13811 ELM STREET</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.440	Priority creditor's name and mailing address <b>CHAVEZ-ABONZA, DAISY</b> <b>13115 S BROUGHAM DR</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.441	Priority creditor's name and mailing address <b>Chenevert, Antoinette M.</b> <b>3842 Rivard Street</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.442	Priority creditor's name and mailing address <b>CHERRY, JORDAN</b> <b>1047 5TH ST. E</b> <b>Unit 2</b> <b>Saint Paul, MN 55106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.443	Priority creditor's name and mailing address <b>CHERRY, MADISON</b> <b>1325 HUNTERS RIDGE WEST</b> <b>Hoffman Estates, IL 60192</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.444	Priority creditor's name and mailing address <b>CHESHER, AMANDA S.</b> <b>15621 W. 140TH TERR.</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.445	Priority creditor's name and mailing address <b>CHETTLE, LOGAN</b> <b>1510 GREENMOUNT AVENUE</b> <b>Pittsburgh, PA 15216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.446	Priority creditor's name and mailing address <b>CHILES, DANYELLE R.</b> <b>10108 NW RIVER HILLS DR</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.447	Priority creditor's name and mailing address <b>CHILES, ISAAC R.</b> <b>13977 81ST AVE N</b> <b>Osseo, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.448	Priority creditor's name and mailing address <b>CHISM, JESSICA L.</b> <b>625 WINDSOR HARBOR RD</b> <b>Imperial, MO 63052</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.449	Priority creditor's name and mailing address <b>CHMELKA, MICHAEL J.</b> <b>3915 N 69TH APT 5</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.450	Priority creditor's name and mailing address <b>CHOLETTE, MICHAEL J.</b> <b>1289 DORRE</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.451	Priority creditor's name and mailing address <b>CHOMIC, SAMUEL R.</b> <b>231 FIELDING ST</b> <b>Apt A</b> <b>Ferndale, MI 48220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.452	Priority creditor's name and mailing address <b>CHRISTENSEN, JENNIFER L.</b> <b>1205 ASPEN COURT</b> <b>Farmington, MN 55024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.453	Priority creditor's name and mailing address <b>Christensen, Mackenzie S.</b> <b>227 7th Avenue S. #2</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.454	Priority creditor's name and mailing address <b>CHRISTIAN, ABIGAIL M.</b> <b>4475 PIMLICO DRIVE</b> <b>304</b> <b>Fort Wayne, IN 46845</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.455	Priority creditor's name and mailing address <b>CHRISTIANSON, HARLEY E.</b> <b>4016 S SERTOMA AVE</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.456	Priority creditor's name and mailing address <b>CHRISTOFFERSON, CASSANDRA</b> <b>340 13TH AVE E</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.457	Priority creditor's name and mailing address <b>CHRISTY, BRIELLE</b> <b>1327 JEFFERSON ST NE</b> <b>Minneapolis, MN 55413</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.458	Priority creditor's name and mailing address <b>CHUNING, LEAH M.</b> <b>2407 NE 43RD ST</b> <b>Apt 4</b> <b>Kansas City, MO 64116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.459	Priority creditor's name and mailing address <b>CIELO, GREGORIO</b> <b>1119 UNIVERSITY</b> <b>Peoria, IL 61606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.460	Priority creditor's name and mailing address <b>CIESIOLKA, MELISSA N.</b> <b>4246 WIMBLETON CT</b> <b>Apt E</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.461	Priority creditor's name and mailing address <b>CILIA, NATHAN R.</b> <b>10554 MICHAEL DRIVE</b> <b>Palos Hills, IL 60465</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.462	Priority creditor's name and mailing address <b>Cimino, Stephan</b> <b>6570 Deer Isle Drive</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.463	Priority creditor's name and mailing address <b>CIMO, LESLIEE A.</b> <b>1008 PINE ST</b> <b>Fox River Grove, IL 60021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.464	Priority creditor's name and mailing address <b>Claes, Elizabeth J.</b> <b>220 Clymer Rd. #1</b> <b>Hiawatha, IA 52233</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.465	Priority creditor's name and mailing address <b>Clark, Adam R.</b> <b>104 Oak Place</b> <b>Eudora, KS 66025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.466	Priority creditor's name and mailing address <b>CLARK, AUSTIN J.</b> <b>705 BUCKEYE DR</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.467	Priority creditor's name and mailing address <b>CLARK, JHAQUINN</b> <b>7974 AUDUBON AVE</b> <b>102</b> <b>Alexandria, VA 22306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.468	Priority creditor's name and mailing address <b>Clark, Katelyn</b> <b>6910 Riverton Drive</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.469	Priority creditor's name and mailing address <b>CLARK, RANDY D.</b> <b>523 54TH AVE N #51A</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.470	Priority creditor's name and mailing address <b>CLARK, RYAN D.</b> <b>506 DUNREATH DR</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.471	Priority creditor's name and mailing address <b>CLARK, SAMUEL A.</b> <b>8102 N ILLINOIS ST</b> <b>Indianapolis, IN 46260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.472	Priority creditor's name and mailing address <b>CLARK, TIFFANY V.</b> <b>19450 Steel</b> <b>Detroit, MI 48235</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.473	Priority creditor's name and mailing address <b>CLARKE, BRIANNA R.</b> <b>15556 Foghorn Lane</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.474	Priority creditor's name and mailing address <b>CLARKE, DARRAH L.</b> <b>3835 128TH ST. N</b> <b>Urbandale, IA 50323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.475	Priority creditor's name and mailing address <b>CLARKE, ELLA R.</b> <b>4205 PHILIP WAY</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.476	Priority creditor's name and mailing address <b>CLARKE, LILLIAN I.</b> <b>4205 PHILIP WAY</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.477	Priority creditor's name and mailing address <b>CLARKSON-STITES, AMY M.</b> <b>37600 HIXFORD PL</b> <b>D-8</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.478	Priority creditor's name and mailing address <b>CLASPILL, JEANNETTE</b> <b>4219 MT VERNON RD SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.479	Priority creditor's name and mailing address <b>COATES-YOUNG, PAUL</b> <b>4155 SMALLWOOD CHURCH RD</b> <b>Indian Head, MD 20640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.480	Priority creditor's name and mailing address <b>COATS, CHAD T.</b> <b>816 E 23RD AVE</b> <b>Kansas City, MO 64116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.481	Priority creditor's name and mailing address <b>COATS, MARTEL I.</b> <b>10762 DUPREY</b> <b>Detroit, MI 48224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.482	Priority creditor's name and mailing address <b>COBB, DAVID W.</b> <b>903 JOANNE DR</b> <b>Minooka, IL 60447</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.483	Priority creditor's name and mailing address <b>COBENAIS, KELSEY L.</b> <b>1501 7TH AVE S</b> <b>302</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.484	Priority creditor's name and mailing address <b>COBO MATOM, JOSE</b> <b>3201 CALISLE ST NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.485	Priority creditor's name and mailing address <b>COCHRAN, JESSICA J.</b> <b>7131 CODY ST</b> <b>Shawnee, KS 66203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.486	Priority creditor's name and mailing address <b>COCKRUM, CHRISTIAN A.</b> <b>1217 ACCOKEEK LANDING DRIVE</b> <b>Accokeek, MD 20607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.487	Priority creditor's name and mailing address <b>CODNER, KYLE R.</b> <b>7800 ILTIS DR</b> <b>78</b> <b>Urbandale, IA 50322</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.488	Priority creditor's name and mailing address <b>COLBURN, NICHALEE</b> <b>580 CIMARRON</b> <b>Lake Elmo, MN 55042</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.489	Priority creditor's name and mailing address <b>COLE, HILARY J.</b> <b>1025 WESTVIEW DR</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.490	Priority creditor's name and mailing address <b>COLE, JUSTIN</b> <b>202 BONNACLIFFCT</b> <b>Hermitage, TN 37076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.491	Priority creditor's name and mailing address <b>COLE, ROBERT</b> <b>3135 MULLBERRY</b> <b>Toledo, OH 43608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.492	Priority creditor's name and mailing address <b>COLEMAN, MARVIN</b> <b>14720 S CENTRAL</b> <b>Apt. D-106</b> <b>Oak Forest, IL 60452</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.493	Priority creditor's name and mailing address <b>COLEY, DANA</b> <b>2106 Barrowfield Rd</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.494	Priority creditor's name and mailing address <b>COLLIER, COYLE J.</b> <b>6165 BUNT DR</b> <b>Fort Wayne, IN 46816</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.495	Priority creditor's name and mailing address <b>COLLINS, KELLY M.</b> <b>811 37TH AVE N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.496	Priority creditor's name and mailing address <b>COLLINS, KELLY M.</b> <b>811 37TH AVE N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.497	Priority creditor's name and mailing address <b>COLLINS, PATRICK T.</b> <b>22837 ROSALIND AVE</b> <b>Eastpointe, MI 48021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.498	Priority creditor's name and mailing address <b>COLON, DANIEL</b> <b>8503 N Cosby Ave</b> <b>Apt R26</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.499	Priority creditor's name and mailing address <b>COLON, ERIC</b> <b>9723 S KEELER AVE</b> <b>105</b> <b>Oak Lawn, IL 60453</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.500	Priority creditor's name and mailing address <b>COLON, ESTUARDO</b> <b>5334 NE ANTIOCH RD</b> <b>Kansas City, MO 64119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.501	Priority creditor's name and mailing address <b>COLON, SERGIO</b> <b>8718 N HELENA AVE</b> <b>Apt C380</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.502	Priority creditor's name and mailing address <b>COLORADO BATRES, VICTORINO A.</b> <b>2930 N ST</b> <b>Apt 3</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.503	Priority creditor's name and mailing address <b>COMPTON, ANGIE J.</b> <b>8032 Bienville Dr</b> <b>Apt 201</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.504	Priority creditor's name and mailing address <b>COMPTON, JACOB E.</b> <b>12410 LIGHTHOUSE WAY DRIVE</b> <b>#H</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.505	Priority creditor's name and mailing address <b>Compton, Jacob E.</b> <b>2340 Lafayette Avenue, Apt 3F</b> <b>Saint Louis, MO 63104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.506	Priority creditor's name and mailing address <b>CONARD, TRANAE</b> <b>1382 SILVERDALE CIRCLE</b> <b>Twinsburg, OH 44087</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.507	Priority creditor's name and mailing address <b>CONDON, ALYSSA R.</b> <b>2709 SCHOOL DR</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.508	Priority creditor's name and mailing address <b>CONKLE, MACKENZY L.</b> <b>2294 S MADISON RD</b> <b>Beloit, WI 53511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.509	Priority creditor's name and mailing address <b>CONNELL, BAILEY M.</b> <b>807 8TH CT. E.</b> <b>Donahue, IA 52746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.510	Priority creditor's name and mailing address <b>CONNELL, WILLIAM A.</b> <b>5008 Aldrich Ave. N.</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.511	Priority creditor's name and mailing address <b>CONNER, APRIL K.</b> <b>26921 Dumbarton Ct.</b> <b>Elkhart, IN 46514</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.512	Priority creditor's name and mailing address <b>CONNER, CORISA K.</b> <b>26921 DUMBARTON CT</b> <b>Elkhart, IN 46514</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.513	Priority creditor's name and mailing address <b>CONNER, FREDERICK</b> <b>7513 ROSA PARKS</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.514	Priority creditor's name and mailing address <b>CONTRERAS, GABRIELLA C.</b> <b>2822 WEST HAYES ST</b> <b>Peoria, IL 61605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.515	Priority creditor's name and mailing address <b>CONTRERAS, LUIS M.</b> <b>3631 HOCTOR BLVD</b> <b>Omaha, NE 68108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.516	Priority creditor's name and mailing address <b>COOK, CARLY</b> <b>818 N 77TH ST.</b> <b>Omaha, NE 68114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.517	Priority creditor's name and mailing address <b>COOK, RACHEL M.</b> <b>1546 Spring Bay Rd</b> <b>Unit 6</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.518	Priority creditor's name and mailing address <b>COON, PARKER J.</b> <b>1995 25TH AVENUE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.519	Priority creditor's name and mailing address <b>COOPER, BOBBIRHEA B.</b> <b>32413 VAN DOVER</b> <b>Saint Clair Shores, MI 48082</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.520	Priority creditor's name and mailing address <b>COPELAND, HARLEY</b> <b>1208 SW SPEAS DR</b> <b>Blue Springs, MO 64014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.521	Priority creditor's name and mailing address <b>Corbett, Rickey</b> <b>600 Kenilworth Ter #628</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.522	Priority creditor's name and mailing address <b>Corby, Abigail</b> <b>742 Huffine Manor Circle</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.523	Priority creditor's name and mailing address <b>CORDOBA-WILSON, ABENICIO</b> <b>1361 SQUIRE DRIVE</b> <b>Apt 3</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.524	Priority creditor's name and mailing address <b>CORK, KELSEY L.</b> <b>2315 BENJAMIN ST. NE</b> <b>Minneapolis, MN 55418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.525	Priority creditor's name and mailing address <b>CORMICAN, CASSIDY L.</b> <b>701 7th Avenue South</b> <b>#5</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.526	Priority creditor's name and mailing address <b>CORNELL, CASEY R.</b> <b>1965 SILVER BELL RD</b> <b>Unit 315</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	19-43756
2.527	Priority creditor's name and mailing address <b>CORNER, TARYN N.</b> <b>25767 GROVE LN</b> <b>Warrenville, IL 60555</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.528	Priority creditor's name and mailing address <b>CORPUS, GABRIELLE</b> <b>14080 HARRISON ROAD</b> <b>Grand Rapids, OH 43522</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.529	Priority creditor's name and mailing address <b>Corrigan, Krista J.</b> <b>737 LARPEUR AVE E #B</b> <b>Saint Paul, MN 55117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.530	Priority creditor's name and mailing address <b>CORRIGAN, MATTHEW E.</b> <b>3590 RIVER RD SE</b> <b>Clear Lake, MN 55319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.531	Priority creditor's name and mailing address <b>CORRIGAN, SEAN P.</b> <b>4083 DIAMOND DR</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.532	Priority creditor's name and mailing address <b>CORTADA, KELLY E.</b> <b>15827 SW 61 ST</b> <b>Miami, FL 33193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.533	Priority creditor's name and mailing address <b>CORTES QUEVEDO, CELESTINO</b> <b>7720 4TH Ave S #305</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.534	Priority creditor's name and mailing address <b>Cortes, Jesus</b> <b>9719 Tennyson Ct.</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.535	Priority creditor's name and mailing address <b>Cortez, Javier</b> <b>1101 Iroquois #2227</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.536	Priority creditor's name and mailing address <b>COSTELLO, GABRIELLE</b> <b>130 E 900 N</b> <b>Decatur, IN 46733</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.537	Priority creditor's name and mailing address <b>COTHAM, ANTHONY</b> <b>500 PRINCE ST</b> <b>Pekin, IL 61554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.538	Priority creditor's name and mailing address <b>COTHRAN, FRANCES B.</b> <b>7046 N. OLIVE</b> <b>#F</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.539	Priority creditor's name and mailing address <b>COTTOM, TYMIKIA</b> <b>11106 CAPTAINS VIEW LANE</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.540	Priority creditor's name and mailing address <b>Coulter, Alyssa</b> <b>3412 Seward Avenue</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.541	Priority creditor's name and mailing address <b>COUTINO, MARIA DE JESSUS J.</b> <b>1 GARDEN GLAND</b> <b>Saint Paul, MN 55128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.542	Priority creditor's name and mailing address <b>COVINGTON, STEVE M.</b> <b>5911 N UNIVERSITY ST</b> <b>Peoria, IL 61614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.543	Priority creditor's name and mailing address <b>COX, MARY E.</b> <b>821 PEMBERTON DR</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.544	Priority creditor's name and mailing address <b>Cox, Rebecca L.</b> <b>3217 Holland Lane</b> <b>Nashville, TN 37218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.545	Priority creditor's name and mailing address <b>CRAIN, ALEXANDRA</b> <b>3440 Turfway Lane</b> <b>Antioch, TN 37013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.546	Priority creditor's name and mailing address <b>CRANDALL, JENNIFER A.</b> <b>118 27th Ave N</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.547	Priority creditor's name and mailing address <b>Crandall, Kayla M.</b> <b>4604 Blystone Valley Drive</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.548	Priority creditor's name and mailing address <b>CRANE, JEFFERY S.</b> <b>16476 Dodd Lane</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.549	Priority creditor's name and mailing address <b>CRAWFORD, NATHAN</b> <b>1320 17TH AVE S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.550	Priority creditor's name and mailing address <b>CRIFE, HALEY</b> <b>3201 PORTAGE BLVD.</b> <b>29</b> <b>Fort Wayne, IN 46802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.551	Priority creditor's name and mailing address <b>CRISS, JONATHAN C.</b> <b>2345 IDLEWOOD DRIVE</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.552	Priority creditor's name and mailing address <b>CRISTIANY, POLETTE</b> <b>4157 JAMES AVE N</b> <b>Minneapolis, MN 55412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.553	Priority creditor's name and mailing address <b>CRONEN, NATALIE T.</b> <b>9283 ORIOLE LANE</b> <b>Monticello, MN 55362</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.554	Priority creditor's name and mailing address <b>CROSBY, LORENZO T.</b> <b>2619 ABBEY DR</b> <b>Apt 3</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.555 Priority creditor's name and mailing address

**CROSS, ABIGAIL A.  
2608 54TH STREET  
Des Moines, IA 50310**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.556 Priority creditor's name and mailing address

**CROXTON, CHLOE D.  
2409 WEST 67TH STREET  
Davenport, IA 52806**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.557 Priority creditor's name and mailing address

**CROXTON, CHLOE D.  
2409 WEST 67TH STREET  
Davenport, IA 52806**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.558 Priority creditor's name and mailing address

**CRUZ, EVANGELINA S.  
700 W MEADE BLVD  
32  
Franklin, TN 37064**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.559	Priority creditor's name and mailing address <b>CRUZ, LUIS A.</b> <b>9388 Home Circle</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.560	Priority creditor's name and mailing address <b>CRUZ, MARISOL</b> <b>5519 INLAND DR</b> <b>Kansas City, KS 66106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.561	Priority creditor's name and mailing address <b>CRUZ, MELANIE N.</b> <b>11137 PLUMBROOK RD</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.562	Priority creditor's name and mailing address <b>CRUZ, NAYELI</b> <b>1031 S. 28 ST</b> <b>Omaha, NE 68105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.563	Priority creditor's name and mailing address <b>CRUZ, OLIVER</b> <b>1304 WEST BRANCH RD</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.564	Priority creditor's name and mailing address <b>CUAHUIZO, ODILON</b> <b>1029 E Behrends Ave</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.565	Priority creditor's name and mailing address <b>CUBA, KIRSTIN</b> <b>2238 ORCHARD ST</b> <b>Apt 1</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.566	Priority creditor's name and mailing address <b>CUCCARO, MARIA A.</b> <b>101 FOXWOOD DR</b> <b>Clinton, PA 15026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.567	Priority creditor's name and mailing address <b>CULLEN, COURTNEY M.</b> <b>2327 CLIFTON FORGE DR</b> <b>Saint Louis, MO 63131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.568	Priority creditor's name and mailing address <b>CUNDIFF, CRAIG A.</b> <b>3701 MONTICELLO</b> <b>Cleveland, OH 44121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.569	Priority creditor's name and mailing address <b>CUNNINGHAM, TIMOTHY D.</b> <b>12422 MAGNOLIA ST</b> <b>Minneapolis, MN 55448</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.570	Priority creditor's name and mailing address <b>CURRIE, DELILIAH</b> <b>5928 FREEMAN AVE</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.571	Priority creditor's name and mailing address <b>CURRY, ERIC E.</b> <b>372 ABBEDALE CT</b> <b>Carmel, IN 46032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.572	Priority creditor's name and mailing address <b>CUTLER, AJ M.</b> <b>1302 WILLOWBROOK DR</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.573	Priority creditor's name and mailing address <b>CYRKIEL, NICHOLAS</b> <b>6230 W. 64TH PL.</b> <b>1GW</b> <b>Chicago, IL 60638</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.574	Priority creditor's name and mailing address <b>CZAPLEWSKI, DAVID</b> <b>6S330 GREENWICH COURT</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.575	Priority creditor's name and mailing address <b>CZYZ, ELENA</b> <b>2850 SWIFT AVENUE</b> <b>202</b> <b>Kansas City, MO 64116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.576	Priority creditor's name and mailing address <b>DAGGETT, KEVIN M.</b> <b>1217 S NORTON AVE</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.577	Priority creditor's name and mailing address <b>DAHLE, MARGARET M.</b> <b>620 10th Avenue North</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.578	Priority creditor's name and mailing address <b>DAILEY, PATRICK R.</b> <b>8507 NW WINTER AVE</b> <b>Kansas City, MO 64153</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.579	Priority creditor's name and mailing address <b>Dale-Derks, Thomas J.</b> <b>2 Union Way</b> <b>Saint Charles, MO 63303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.580	Priority creditor's name and mailing address <b>DALTON, AARION</b> <b>8854 CARRIAGE DR</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.581	Priority creditor's name and mailing address <b>DALTON, PATRICIA</b> <b>9219 Prest</b> <b>Detroit, MI 48228</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.582	Priority creditor's name and mailing address <b>Dalton, Patricia</b> <b>9219 Prest</b> <b>Detroit, MI 48228</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.583	Priority creditor's name and mailing address <b>DALY, BETSY A.</b> <b>3563 BLUE JAY WAY</b> <b>207</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.584	Priority creditor's name and mailing address <b>Daly, Eileen T.</b> <b>14408 S. Blackfeather Drive</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.585	Priority creditor's name and mailing address <b>DALY, JOSHUA T.</b> <b>7606 BORMAN WAY</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.586	Priority creditor's name and mailing address <b>DALZIEL, TAYLOR</b> <b>16632 W 144TH ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.587	Priority creditor's name and mailing address <b>DAMEWOOD, HALIEY N.</b> <b>3032 SOUTH HAMPTON DRIVE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.588	Priority creditor's name and mailing address <b>DAMMEN, ANNA M.</b> <b>112 TYLER COURT</b> <b>Saint Stephen, MN 56375</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.589	Priority creditor's name and mailing address <b>DANGANAN, ROBERT M.</b> <b>12549 LIGHTHOUSE WAY</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.590	Priority creditor's name and mailing address <b>DANIEL, ELIZABETH R.</b> <b>303 N SUMMIT AVE</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.591	Priority creditor's name and mailing address <b>Daniels, Jordan</b> <b>14039 Woodside St</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.592	Priority creditor's name and mailing address <b>DANIELS, KEVIN</b> <b>1125 29TH ST. N.E.</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.593	Priority creditor's name and mailing address <b>DARNELL, THOMAS</b> <b>4503 BURDETTE STREET</b> <b>Omaha, NE 68111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.594	Priority creditor's name and mailing address <b>DARRELL, CRYSTAL</b> <b>7041 N BALES AVE</b> <b>115</b> <b>Kansas City, MO 64119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.595	Priority creditor's name and mailing address <b>DASE - FORTNER, COURTLAND</b> <b>1114 BROADWAY ST.</b> <b>Apt B</b> <b>Pekin, IL 61554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.596	Priority creditor's name and mailing address <b>DAUGHERTY, DEBORIA N.</b> <b>7212 CIMMARON ASH CT</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.597	Priority creditor's name and mailing address <b>DAVIS, AIRENLAREE</b> <b>240 EAST GRAND BLVD</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.598	Priority creditor's name and mailing address <b>DAVIS, ALFRED</b> <b>724 WEST 15TH STREET</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.599	Priority creditor's name and mailing address <b>DAVIS, ANDREA</b> <b>1231 S 121ST PLZ</b> <b>111</b> <b>Omaha, NE 68144</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.600	Priority creditor's name and mailing address <b>DAVIS, BRANDI</b> <b>2501 N 87TH ST E</b> <b>Apt E</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.601	Priority creditor's name and mailing address <b>Davis, Calvin L.</b> <b>270 Courtney Ct.</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.602	Priority creditor's name and mailing address <b>DAVIS, CONNOR L.</b> <b>14212 W 124TH TERR</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.603	Priority creditor's name and mailing address <b>DAVIS, DANIELLE</b> <b>228 EAST ELMHURST</b> <b>Pittsburgh, PA 15220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.604	Priority creditor's name and mailing address <b>DAVIS, JASMIN</b> <b>811 NORTH 70TH STREET</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.605	Priority creditor's name and mailing address <b>DAVIS, JOHN</b> <b>972 EDGERTON</b> <b>Saint Paul, MN 55130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.606	Priority creditor's name and mailing address <b>DAVIS, MOLLY</b> <b>709 N HAY LAKE RD</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.607	Priority creditor's name and mailing address <b>DAVIS, TIMOTHY J.</b> <b>11013 LAFAYETTE PLZ</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.608	Priority creditor's name and mailing address <b>DAVY, ASHLEY</b> <b>266 ASPEN LANE</b> <b>Highland Park, IL 60035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.609	Priority creditor's name and mailing address <b>DAYS, TEHRYN</b> <b>5701 HALFMOON COURT</b> <b>Waldorf, MD 20603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.610	Priority creditor's name and mailing address <b>DE COSS HERNANDEZ, DIMAS</b> <b>2114 FOREST AVE</b> <b>Des Moines, IA 50311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.611	Priority creditor's name and mailing address <b>DE JESUS PEREZ, INGRID</b> <b>1213 Hudson</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.612	Priority creditor's name and mailing address <b>DE LA CRUZ, ESTHER</b> <b>14445 S Ravinia Ave</b> <b>Apt 1E</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.613	Priority creditor's name and mailing address <b>DE LA FUENTE, LEOBARDO</b> <b>12908 S RAMSGATE DR</b> <b>Apt A</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.614	Priority creditor's name and mailing address <b>DE LA ROSA, JACQUELINE</b> <b>1861 39TH ST S</b> <b>302</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.615 Priority creditor's name and mailing address  
**DE ORTEGA, EVELYN**  
**604 S. Williams Ave**  
**Apt 7**  
**Sioux Falls, SD 57105**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.616 Priority creditor's name and mailing address  
**DEA, CASEY**  
**2270 13TH AVE. E.**  
**Saint Paul, MN 55109**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.617 Priority creditor's name and mailing address  
**Deal, Paige**  
**8277 S. Quartermoon Drive**  
**Pendleton, IN 46064**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.618 Priority creditor's name and mailing address  
**DECANINI, KATRINA**  
**18747 INNSBROOK DR**  
**Apt 1**  
**Northville, MI 48168**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.619	Priority creditor's name and mailing address <b>DECHAINED, COURTNEY</b> <b>2000 High Street</b> <b>Des Moines, IA 50309</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.620	Priority creditor's name and mailing address <b>DEE, ANTHONY D.</b> <b>5310 N EUCLID</b> <b>Unit 716</b> <b>Saint Louis, MO 63115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.621	Priority creditor's name and mailing address <b>DEETER, BRAD</b> <b>8808 CHELTENHAM ROAD</b> <b>Indianapolis, IN 46256</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.622	Priority creditor's name and mailing address <b>DEGANTE, GUADALUPE</b> <b>915 N 48TH ST</b> <b>Apt #2</b> <b>Omaha, NE 68132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.623	Priority creditor's name and mailing address <b>DELACERDA, RICARDO</b> <b>1724 L ST</b> <b>4F</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.624	Priority creditor's name and mailing address <b>DeLaFuente, Leobardo</b> <b>12908 S. Ramsgate Drive, Apt.</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.625	Priority creditor's name and mailing address <b>Delgadillo, Lara, Juan F.</b> <b>6630 Cody Drive #4104</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.626	Priority creditor's name and mailing address <b>DELGADO AVALOS, JUAN</b> <b>10024 BRECKENRINGE RD</b> <b>Saint Ann, MO 63074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.627	Priority creditor's name and mailing address <b>DELGADO, CARLOS</b> <b>2276 NICHOLS RD</b> <b>2D</b> <b>Arlington Heights, IL 60004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.628	Priority creditor's name and mailing address <b>DELGADO, GABRIEL</b> <b>904 9TH ST</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.629	Priority creditor's name and mailing address <b>DELGADO, RAYMUNDO L.</b> <b>2927 WESTBROOK DR</b> <b>410</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.630	Priority creditor's name and mailing address <b>DELGAISO, AUDREY N.</b> <b>1250 WOODCHASE LN</b> <b>Apt B</b> <b>Chesterfield, MO 63017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.631	Priority creditor's name and mailing address <b>DELL, DANIELLE M.</b> <b>8801 GRACE</b> <b>Utica, MI 48317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.632	Priority creditor's name and mailing address <b>Dello Iacono, Dominica F.</b> <b>2211 Abbey Drive #4</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.633	Priority creditor's name and mailing address <b>DeLoss Henkler, Robyn G.</b> <b>11990 101st Ave N</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.634	Priority creditor's name and mailing address <b>DELOSSANTOS, PRISCILLA</b> <b>3408 W 124TH ST</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.635	Priority creditor's name and mailing address <b>Demoro, Ashley</b> <b>3923 NW 82nd Street</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.636	Priority creditor's name and mailing address <b>Depasse, Riva L.</b> <b>736 Wenzell Avenue</b> <b>Pittsburgh, PA 15216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.637	Priority creditor's name and mailing address <b>Deren, David M.</b> <b>2850 Southampton Drive #113</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.638	Priority creditor's name and mailing address <b>Deschamps, Thomas M.</b> <b>23031 Purdue Ave.</b> <b>Farmington, MI 48336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.639	Priority creditor's name and mailing address <b>DETTMER, TAYLER L.</b> <b>10 SURREY LANE</b> <b>314</b> <b>Grabill, IN 46741</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.640	Priority creditor's name and mailing address <b>Deutz, Courtney</b> <b>801 University Avenue SE #15</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.641	Priority creditor's name and mailing address <b>DEWEESE, KARI A.</b> <b>1801 CENTRAL</b> <b>Detroit, MI 48209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.642	Priority creditor's name and mailing address <b>Diaz Cedillo, Doris E.</b> <b>4200 56th Ave</b> <b>Bladensburg, MD 20710</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.643	Priority creditor's name and mailing address <b>DIAZ, ANGEL A.</b> <b>305 E ELM ST</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.644	Priority creditor's name and mailing address <b>Diaz, Angel A.</b> <b>305 E. Elm Street</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.645	Priority creditor's name and mailing address <b>Diaz, Daniel</b> <b>5471 Alexandra Dr</b> <b>Lake in the Hills, IL 60156</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.646	Priority creditor's name and mailing address <b>DIAZ, DARIO</b> <b>619 TAYLOR ST</b> <b>Davenport, IA 52802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.647	Priority creditor's name and mailing address <b>DIAZ, DESTYNA F.</b> <b>211 NORTH 2ND ST.</b> <b>#A</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.648	Priority creditor's name and mailing address <b>DIAZ, DIANA</b> <b>131 SOUTH HURON DR.</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.649	Priority creditor's name and mailing address <b>Diaz, Dominguez, Luis Fernando</b> <b>7720 4th Avenue South #305</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.650	Priority creditor's name and mailing address <b>DIAZ, EFRAIN</b> <b>9127 ST HWY 25 NE</b> <b>Apt 737</b> <b>Monticello, MN 55362</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.651	Priority creditor's name and mailing address <b>DIAZ, GERLIN</b> <b>1524 EBURT DR</b> <b>89</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.652	Priority creditor's name and mailing address <b>DIAZ, JORDAN</b> <b>1629 ROOSEVELT RD.</b> <b>Machesney Park, IL 61115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.653	Priority creditor's name and mailing address <b>Diaz, Marcio</b> <b>5621 Delaware Drive</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.654	Priority creditor's name and mailing address <b>DIAZ, MARTA M.</b> <b>7325 MATTHEW ST</b> <b>Fairview, TN 37062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.655 Priority creditor's name and mailing address

**Diaz, Tomas**  
**152 KING AVE**  
**Dundee, IL 60118**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.656 Priority creditor's name and mailing address

**DIAZ, TRESSA N.**  
**3721 BRENTWOOD DR.**  
**South Bend, IN 46628**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.657 Priority creditor's name and mailing address

**DICKERSON, MARISSA L.**  
**2099 MARLINDALE RD**  
**Cleveland, OH 44118**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.658 Priority creditor's name and mailing address

**DICKMAN, KATIE**  
**5624 ELAINE DR**  
**Rockford, IL 61108**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.659	Priority creditor's name and mailing address <b>DIEFENBACHER, SAMANTHA</b> <b>6420 ROLLING HILLS DRIVE</b> <b>Fort Wayne, IN 46804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.660	Priority creditor's name and mailing address <b>DIFIORE, MCKENZIE</b> <b>3001 BRANCH AVENUE</b> <b>825</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.661	Priority creditor's name and mailing address <b>DINKEL, BENJAMIN J.</b> <b>184 Arlene Court</b> <b>Apt A</b> <b>Wheeling, IL 60090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.662	Priority creditor's name and mailing address <b>DISSER, RHYAN L.</b> <b>7381 TAOS TRAIL</b> <b>Indianapolis, IN 46219</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.663	<b>Priority creditor's name and mailing address</b> <b>Dixon, Kisha</b> <b>6142 Farrow Avenue #C</b> <b>Kansas City, KS 66104</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.664	<b>Priority creditor's name and mailing address</b> <b>DJURASEVIC, ANDRIJANA</b> <b>14619 ALPENA DR</b> <b>Sterling Heights, MI 48313</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.665	<b>Priority creditor's name and mailing address</b> <b>DOBKIN, MICHAEL</b> <b>2715 N. ARLINGTON HEIGHTS RD</b> <b>Arlington Heights, IL 60004</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.666	<b>Priority creditor's name and mailing address</b> <b>DOBSON, LAMAR</b> <b>1852 NW 93 TERRACE</b> <b>Miami, FL 33147</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.667	Priority creditor's name and mailing address <b>DOEDEN, GRACE S.</b> <b>911 S 3RD ST</b> <b>Beresford, SD 57004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.668	Priority creditor's name and mailing address <b>DOERING, DANA</b> <b>4340 CLEARWATER ROAD</b> <b>204</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.669	Priority creditor's name and mailing address <b>DOLEZAL, JORDAN A.</b> <b>1340 HILLCREST DR</b> <b>203</b> <b>Cuyahoga Falls, OH 44221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.670	Priority creditor's name and mailing address <b>Dolge, Kristen M.</b> <b>1400 Laurel Avenue W. #603</b> <b>Minneapolis, MN 55403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.671	Priority creditor's name and mailing address <b>DOMINA, AMY</b> <b>16514 S DORCHESTER P</b> <b>Lockport, IL 60441</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.672	Priority creditor's name and mailing address <b>DOMINGUEZ, LUIS</b> <b>6204 NEBRASKA AVE.</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.673	Priority creditor's name and mailing address <b>DOMONOSKE, TANNER K.</b> <b>4936 47TH STREET SOUTH</b> <b>Apt 108</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.674	Priority creditor's name and mailing address <b>Donahue, Connor</b> <b>14182 W 138th Terrace</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.675	Priority creditor's name and mailing address <b>Donaldson, Javonte D.</b> <b>4471 Vasey Avenue</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.676	Priority creditor's name and mailing address <b>Dormanesh, Carol</b> <b>1624 Florence Road</b> <b>New Cumberland, WV 26047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.677	Priority creditor's name and mailing address <b>DOROW, AMBER</b> <b>920 MULBERRY LANE</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.678	Priority creditor's name and mailing address <b>DORSETTE, TAMARA R.</b> <b>2328 STANEHOPE</b> <b>Grosse Pointe, MI 48236</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.679	Priority creditor's name and mailing address <b>DOSS, RENEE R.</b> <b>1765 EARLHAM RD</b> <b>Winterset, IA 50273</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.680	Priority creditor's name and mailing address <b>DOTY, OLIVIA</b> <b>1788 ANDOVER LANE</b> <b>Crystal Lake, IL 60014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.681	Priority creditor's name and mailing address <b>Doty, Taylor M.</b> <b>1633 W. 35th Street</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.682	Priority creditor's name and mailing address <b>DOUANGPANGNA, DONNA</b> <b>2504 PARK DR</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.683	Priority creditor's name and mailing address <b>DOUGLAS, MAYA V.</b> <b>5818 ELDEN DR.</b> <b>Sylvania, OH 43560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.684	Priority creditor's name and mailing address <b>DOW, DILLON A.</b> <b>11763 S. ALCAN</b> <b>Building 10</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.685	Priority creditor's name and mailing address <b>DOWD, ABIGAIL M.</b> <b>105 42ND ST.</b> <b>Des Moines, IA 50312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.686	Priority creditor's name and mailing address <b>DOWD, ABIGAIL M.</b> <b>105 42ND ST.</b> <b>Des Moines, IA 50312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.687	Priority creditor's name and mailing address <b>DOWNEY, KATLYN</b> <b>704 FOX RIDGE RD</b> <b>Eldridge, IA 52748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.688	Priority creditor's name and mailing address <b>DOYLE, SAMONE D.</b> <b>902 RIDGEWOOD DR</b> <b>#4</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.689	Priority creditor's name and mailing address <b>DUAX, KATIE R.</b> <b>723 S CLARK ST</b> <b>Davenport, IA 52802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.690	Priority creditor's name and mailing address <b>DUCKETT, MORGAN P.</b> <b>2343 MILL RACE CT.</b> <b>Holland, OH 43528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.691	Priority creditor's name and mailing address <b>DUFF, DELONTE E.</b> <b>4753 SUMMERTIME DR</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.692	Priority creditor's name and mailing address <b>Dufoe, Pedro</b> <b>1852 Hutchins Avenue</b> <b>Rockford, IL 61104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.693	Priority creditor's name and mailing address <b>Duggan, Breanna M.</b> <b>225 4th Avenue SE #205</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.694	Priority creditor's name and mailing address <b>DULLUM, DANIEL P.</b> <b>5450 DOUGLAS DR N</b> <b>Apt 324</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

2.695 Priority creditor's name and mailing address

**Dumas, William D.  
31775 Kingswoods Sq.  
Farmington, MI 48334**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.696 Priority creditor's name and mailing address

**DUNN, ALEXIS N.  
1147 HAMPSHIRE DR.  
Canton, MI 48188**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.697 Priority creditor's name and mailing address

**DUNN, JENNIFER L.  
8819 NEVADA AVE N  
Minneapolis, MN 55445**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.698 Priority creditor's name and mailing address

**DUNN, TANIYA  
5314 BASS PL SE  
Washington, DC 20019**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.699	Priority creditor's name and mailing address <b>DUNNE, KIANDRA M.</b> <b>519 1/2 9TH ST</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.700	Priority creditor's name and mailing address <b>DUNNIVANT, BRANDON S.</b> <b>500 LYNN CREEK RD</b> <b>Lynnville, TN 38472</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.701	Priority creditor's name and mailing address <b>DUPREE, LESLIE C.</b> <b>244 E. 246 ST.</b> <b>Euclid, OH 44123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.702	Priority creditor's name and mailing address <b>DVORAK, LARA R.</b> <b>6723 STATE AVE</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.703 Priority creditor's name and mailing address  
**DYBRO, ANNA H.**  
**1246 ISLAND VIEW DRIVE**  
**Sherrard, IL 61281**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.704 Priority creditor's name and mailing address  
**DYBRO, LAURA E.**  
**1246 ISLAND VIEW DRIVE**  
**Sherrard, IL 61281**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.705 Priority creditor's name and mailing address  
**Earle, Krystle E.**  
**6974 Heather Drive**  
**Bryans Road, MD 20616**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.706 Priority creditor's name and mailing address  
**EASTMAN, COURTNEY**  
**11255 Evans St**  
**Apt #2**  
**Omaha, NE 68164**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.707	Priority creditor's name and mailing address <b>EBERLY, JOSEPH H.</b> <b>20600 CARIS ROAD</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.708	Priority creditor's name and mailing address <b>ECKER, ALEXANDER C.</b> <b>37706 MUNGER DR</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.709	Priority creditor's name and mailing address <b>ECKMAN, JENNIFER</b> <b>1635 Zurich Drive</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.710	Priority creditor's name and mailing address <b>EDDY, ANNMARIE</b> <b>2400 W 93RD ST</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.711	Priority creditor's name and mailing address <b>EDLUND-GIBBONS, MICHAEL</b> <b>1100 EAST DIVISION ST.</b> <b>311</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.712	Priority creditor's name and mailing address <b>EDMISTON, SHANNA</b> <b>9843 DUTCH CREEK DR</b> <b>Anamosa, IA 52205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.713	Priority creditor's name and mailing address <b>EDSALL, RYANE</b> <b>1804 West 72nd Street</b> <b>Indianapolis, IN 46260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.714	Priority creditor's name and mailing address <b>EDWARDS, SUSAN A.</b> <b>314 CELESTIAL LANE</b> <b>Hixson, TN 37343</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.715	Priority creditor's name and mailing address <b>EGAN, JORDAN R.</b> <b>1082 W LAKE DR</b> <b>Detroit Lakes, MN 56501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.716	Priority creditor's name and mailing address <b>EIDE, MITCHELL D.</b> <b>18131 68TH PLACE NORTH</b> <b>Osseo, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.717	Priority creditor's name and mailing address <b>EIDEMILLER, MICHAEL J.</b> <b>38197 SUMMERS ST.</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.718	Priority creditor's name and mailing address <b>EIDEMILLER, THOMAS</b> <b>38197 SUMMERS ST</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.719	Priority creditor's name and mailing address <b>EIESLAND, AARON N.</b> <b>1708 4 1/2 AVE NORTH</b> <b>Sauk Rapids, MN 56379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.720	Priority creditor's name and mailing address <b>Eischen, Brandi L.</b> <b>510 Butternut Lane</b> <b>Toledo, OH 43615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.721	Priority creditor's name and mailing address <b>Eischen, Brandi L.</b> <b>5913 Meteor Avenue</b> <b>Toledo, OH 43623</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.722	Priority creditor's name and mailing address <b>EL-GOTHAMY, NADINE</b> <b>7822 CAMPBELL</b> <b>Taylor, MI 48180</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.723	Priority creditor's name and mailing address <b>ELLIS, RYAN T.</b> <b>1911 S. BOEKE ST</b> <b>Kansas City, KS 66103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.724	Priority creditor's name and mailing address <b>ELLISON, RENEE</b> <b>2501 N STREEET</b> <b>206</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.725	Priority creditor's name and mailing address <b>ELROD, ALEXUS J.</b> <b>1309 W 85TH STREET</b> <b>Sioux Falls, SD 57108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.726	Priority creditor's name and mailing address <b>ELSER, JESSICA L.</b> <b>16 CHAPELRIDGE CIR</b> <b>Apt D</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.727	Priority creditor's name and mailing address <b>ELWELL, BRITTNEY</b> <b>7737 MARTY ST</b> <b>Overland Park, KS 66204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.728	Priority creditor's name and mailing address <b>EMBREE, JENNA</b> <b>8721 NEWLAND AVENUE</b> <b>Oak Lawn, IL 60453</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.729	Priority creditor's name and mailing address <b>ENDSLEY, HAYDEN C.</b> <b>670 Bentley Dr</b> <b>#2</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.730	Priority creditor's name and mailing address <b>ENGBERG, CONNOR C.</b> <b>27147 476TH AVE</b> <b>Harrisburg, SD 57032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.731	Priority creditor's name and mailing address <b>ENGEL, CLAYTON</b> <b>4325 10TH AVE S #313</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.732	Priority creditor's name and mailing address <b>ENGLISH, GRACE L.</b> <b>7614 WESTFORD COURT</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.733	Priority creditor's name and mailing address <b>ENRIQUE, LOUIS E.</b> <b>700 WEST MEADE BLVD</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.734	Priority creditor's name and mailing address <b>ERAZO PALMA, CLAUDIA D.</b> <b>6653 TOWER DRIVE</b> <b>204</b> <b>Alexandria, VA 22306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

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2.735 Priority creditor's name and mailing address  
**ERDNER, NIKI L.**  
**52 HATFIELD LANE**  
**Canonsburg, PA 15317**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.736 Priority creditor's name and mailing address  
**ERICKSON, ANDREW**  
**3148 S CHICAGO AVE**  
**Superior, WI 54880**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.737 Priority creditor's name and mailing address  
**Erickson, Christopher J.**  
**608 CENTRAL AVE**  
**Osseo, MN 55369**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.738 Priority creditor's name and mailing address  
**ERICKSON, ISABEL E.**  
**2109 COUNTY HIGHWAY 4**  
**Roanoke, IL 61561**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.739	Priority creditor's name and mailing address <b>ERICKSON, RONNIE L.</b> <b>4971 BONGARD WAY</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.740	Priority creditor's name and mailing address <b>Ernest, Austin C.</b> <b>4556 12th Street S.</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.741	Priority creditor's name and mailing address <b>ERZINGER, ERIN A.</b> <b>1781 QUEENSBURY CIRCLE</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.742	Priority creditor's name and mailing address <b>ESCOBAR JUAREZ, DUNIA</b> <b>1070 N WHEELING RD. APT 1B</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.743	Priority creditor's name and mailing address <b>Escobedo, Josue</b> <b>43001 Northville Place</b> <b>Apt 2019</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.744	Priority creditor's name and mailing address <b>ESLICK, ARLEE T.</b> <b>2201 CREEK DR.</b> <b>Lewisburg, TN 37091</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.745	Priority creditor's name and mailing address <b>Espino, Flor</b> <b>228 52nd Street #34</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.746	Priority creditor's name and mailing address <b>ESPINOZA JIMENEZ, ARNALDO</b> <b>225 ROCKHURST RD</b> <b>Bolingbrook, IL 60440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.747	Priority creditor's name and mailing address <b>ESPINOZA, LUIS</b> <b>4505 E BELMONT ST</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.748	Priority creditor's name and mailing address <b>ESTEFANIA, RAUL</b> <b>3367 HILLANDALE RD</b> <b>Apt C</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.749	Priority creditor's name and mailing address <b>ESTES, NICOLE M.</b> <b>11931 19 MILE RD</b> <b>Sterling Heights, MI 48313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.750	Priority creditor's name and mailing address <b>ESTRADA, BEATRIZ</b> <b>1914 W GARDEN</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.751	Priority creditor's name and mailing address <b>ESTRADA, CORA M.</b> <b>1845 E FOX ST</b> <b>South Bend, IN 46613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.752	Priority creditor's name and mailing address <b>ESTRADA, MARIA</b> <b>2000 Upland Dr.</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.753	Priority creditor's name and mailing address <b>EVANS, KATRYNA C.</b> <b>4453 LAKEPOINTE</b> <b>Detroit, MI 48224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.754	Priority creditor's name and mailing address <b>EVANS, KAYLYN T.</b> <b>4453 LAKEPOINTE</b> <b>Detroit, MI 48224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.755	Priority creditor's name and mailing address <b>EWERS, DEANNA N.</b> <b>7014 N OLIVE ST</b> <b>Apt F</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.756	Priority creditor's name and mailing address <b>EWING, ALONZO</b> <b>5857 PLYMOUTH AVE</b> <b>Saint Louis, MO 63112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.757	Priority creditor's name and mailing address <b>FABEAN, MARIAH O.</b> <b>1180 PORTER RD</b> <b>White Lake, MI 48383</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.758	Priority creditor's name and mailing address <b>FABIANN, RODNEY A.</b> <b>506 CALIFORNIA HOLLOW RD</b> <b>Imperial, PA 15126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.759	Priority creditor's name and mailing address <b>FAC, LIDIA</b> <b>9111 W52nd st</b> <b>Indianapolis, IN 46234</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.760	Priority creditor's name and mailing address <b>FAETH, KATHERINE O.</b> <b>517 RIDGELINE DR</b> <b>Adel, IA 50003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.761	Priority creditor's name and mailing address <b>FAH, SADIE</b> <b>457 INDIAN RD SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.762	Priority creditor's name and mailing address <b>FAIRCHILD, RAYMOND F.</b> <b>133 W. MARKET STREET 292</b> <b>Indianapolis, IN 46204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.763	Priority creditor's name and mailing address <b>FAIST, RYAN M.</b> <b>1330 SQUIRE DRIVE</b> <b>#D</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.764	Priority creditor's name and mailing address <b>FALK, ALYSIA S.</b> <b>1717 MAIN STREET</b> <b>Aliquippa, PA 15001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.765	Priority creditor's name and mailing address <b>FALKE, JACOB A.</b> <b>302 DICKENS DRIVE</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.766	Priority creditor's name and mailing address <b>FALKMAN, AUSTIN D.</b> <b>13865 88TH COURT NE</b> <b>Elk River, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.767	Priority creditor's name and mailing address <b>Farfan, Maura</b> <b>1904 N. 86th Street</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.768	Priority creditor's name and mailing address <b>FARHAT, IBRAHIM N.</b> <b>920 EVANSTON ST</b> <b>Unit 5</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.769	Priority creditor's name and mailing address <b>FARR, DAVID C.</b> <b>7700 CHURCH ST</b> <b>Clear Lake, MN 55319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.770	Priority creditor's name and mailing address <b>FARR, DAVID C.</b> <b>16244 20th Street</b> <b>Clear Lake, MN 55319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.771	Priority creditor's name and mailing address <b>FARRELL, BRITTANEY</b> <b>2320 GARDEN PARK DR</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.772	Priority creditor's name and mailing address <b>Favier, Sharlean</b> <b>10630 Forest Brook Lane #B</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.773	Priority creditor's name and mailing address <b>Feaster, Skylar</b> <b>4632 Brandt Court</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.774	Priority creditor's name and mailing address <b>FEENEY, JASON E.</b> <b>1535 LOWRIE ST</b> <b>#4</b> <b>Pittsburgh, PA 15212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

**2.775** Priority creditor's name and mailing address  
**FEICHTER, JONATHON D.**  
**2307 WAWONAISSE TRAIL**  
**Fort Wayne, IN 46809**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

**2.776** Priority creditor's name and mailing address  
**FENICLE, HANNA M.**  
**5105 W ST. JAMES DR**  
**Sioux Falls, SD 57106**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

**2.777** Priority creditor's name and mailing address  
**FENLON, BRANDON**  
**440 ASTER LN**  
**Hoffman Estates, IL 60169**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

**2.778** Priority creditor's name and mailing address  
**Fenner, Zachery J.**  
**4535 Urban Plains Dr**  
**Apt 204**  
**Fargo, ND 58104**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.779	Priority creditor's name and mailing address <b>Fenner, Zachery J.</b> <b>4535 Urban Plains Dr</b> <b>Apt 204</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.780	Priority creditor's name and mailing address <b>FERGUSON, ANTHONY</b> <b>145 DARRINGTON ST. SW</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.781	Priority creditor's name and mailing address <b>FERGUSON, DWAYNE</b> <b>16003 SW 72ND TERR</b> <b>Miami, FL 33193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.782	Priority creditor's name and mailing address <b>FERGUSON, SAMUEL</b> <b>1304 S LAKOTA AVE</b> <b>Brandon, SD 57005</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.783	Priority creditor's name and mailing address <b>Fernandez, Lucia</b> <b>2116 Jessica Court</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.784	Priority creditor's name and mailing address <b>FERRELL, ERIC D.</b> <b>4719 SCYAMORE</b> <b>Kansas City, MO 64129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.785	Priority creditor's name and mailing address <b>FERRIGNO, ANDREW</b> <b>3920 WYANDOTTE ST.</b> <b>Kansas City, MO 64111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.786	Priority creditor's name and mailing address <b>FERRIS, ANDREA E.</b> <b>948 Thomas Ave W</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.787	Priority creditor's name and mailing address <b>FEY, MATTHEW</b> <b>740 MILL RUN CIRCLE</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.788	Priority creditor's name and mailing address <b>FIELDS, CHARLES R.</b> <b>11713 REDWOOD DRIVE EAST</b> <b>Brandywine, MD 20613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.789	Priority creditor's name and mailing address <b>IEWEGER, HALEY R.</b> <b>6830 MAUMEE WESTERN ROAD</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.790	Priority creditor's name and mailing address <b>FIFE, ELIZABETH M.</b> <b>121 STAMFORD DR.</b> <b>Pittsboro, IN 46167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.791	Priority creditor's name and mailing address <b>FILGO, KYLE L.</b> <b>2928 DAWN CT</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.792	Priority creditor's name and mailing address <b>FINELLO, EMILY R.</b> <b>1070 EWING ROAD</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.793	Priority creditor's name and mailing address <b>FINK, MOLLY J.</b> <b>7640 N EVERTON AVE</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.794	Priority creditor's name and mailing address <b>Finkle, Liam</b> <b>2367 S Lexington Drive #112</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.795 Priority creditor's name and mailing address

**FINKLEA, MACKENZIE  
226 LANDER DR.  
Conway, SC 29526**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.796 Priority creditor's name and mailing address

**Finley, Kayla J.  
1372 W. Minnehaha Parkway #1  
Minneapolis, MN 55419**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.797 Priority creditor's name and mailing address

**Finn, Joshua  
1925 E. 153rd Terrace  
Olathe, KS 66062**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.798 Priority creditor's name and mailing address

**FINNEGAN, SEAN P.  
1353 FAIRLANE DRIVE  
Bettendorf, IA 52722**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown****Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.799	Priority creditor's name and mailing address <b>IORE, NATALIE</b> <b>1407 ORCHARD LAKES D</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.800	Priority creditor's name and mailing address <b>FISCHER-PAUSTIAN, ROBERT A.</b> <b>21450 W 122ND ST</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.801	Priority creditor's name and mailing address <b>Fisher, Kennedy M.</b> <b>9807 Croom Rd.</b> <b>Upper Marlboro, MD 20772</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.802	Priority creditor's name and mailing address <b>FITZGERALD, ABBY</b> <b>517 DAWSON AVE</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.803	Priority creditor's name and mailing address <b>FITZPATRICK, ANISSA M.</b> <b>2440 A AVENUE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.804	Priority creditor's name and mailing address <b>FLEMING, ISABELLA K.</b> <b>1630 HANNAH LANE</b> <b>Waukeg, IA 50263</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.805	Priority creditor's name and mailing address <b>FLETCHER, AUSTIN</b> <b>1255 S BYRNE RD</b> <b>A211</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.806	Priority creditor's name and mailing address <b>Fletcher, Faith</b> <b>5006 Powell Avenue</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.807	Priority creditor's name and mailing address <b>FLETCHER, JOHN K.</b> <b>1627 SE 31 CT</b> <b>Fort Lauderdale, FL 33305</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.808	Priority creditor's name and mailing address <b>FLORES FLORES, ELIEL</b> <b>9270 YALE DR</b> <b>Apt C</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.809	Priority creditor's name and mailing address <b>FLORES, ALEXA</b> <b>11 S LAFAYETTE PL</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.810	Priority creditor's name and mailing address <b>Flores, Alfred</b> <b>1339 12th Avenue</b> <b>East Moline, IL 61244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.811	Priority creditor's name and mailing address <b>FLORES, ELIZETTE</b> <b>2415 F ST.</b> <b>#3</b> <b>Omaha, NE 68107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.812	Priority creditor's name and mailing address <b>FLORES, JAIME</b> <b>630 17th Ave NE</b> <b>Minneapolis, MN 55413</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.813	Priority creditor's name and mailing address <b>FLORES, JOSE</b> <b>8605 Shagbark Ct.</b> <b>Apt 3E</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.814	Priority creditor's name and mailing address <b>FLORES, JOSE L.</b> <b>1658 GREENWOOD RD</b> <b>Apt A</b> <b>Glenview, IL 60026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

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2.815 Priority creditor's name and mailing address  
**FLORES, LEAH V.**  
**11809 Narcissus St. NW**  
**Minneapolis, MN 55433**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.816 Priority creditor's name and mailing address  
**FLORES, RICARDO**  
**7100 CHICAGO AVE S**  
**Minneapolis, MN 55423**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.817 Priority creditor's name and mailing address  
**FLOREZ, ARTURO**  
**2765 SHERWOOD DR**  
**Florissant, MO 63031**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.818 Priority creditor's name and mailing address  
**FOLIE, CANDACE**  
**58700 RAVENWOOD BLVD**  
**Apt D**  
**Elkhart, IN 46517**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.819	Priority creditor's name and mailing address <b>FORD, BRIANA</b> <b>6850 HEATHWAY CT</b> <b>Bryans Road, MD 20616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.820	Priority creditor's name and mailing address <b>FORD, TENNICE R.</b> <b>8201 PINE CROSSING CT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.821	Priority creditor's name and mailing address <b>FORGETTE, ANDREA L.</b> <b>2524 ELSIE</b> <b>Toledo, OH 43613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.822	Priority creditor's name and mailing address <b>FORREST, CARISMA C.</b> <b>2809 BELLBROOK STREET</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.823	Priority creditor's name and mailing address <b>FORSGREN, JESSICA S.</b> <b>1310 RANDALL RD</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.824	Priority creditor's name and mailing address <b>FOSTER JR, JAMES</b> <b>12219 CORBETT</b> <b>Detroit, MI 48213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.825	Priority creditor's name and mailing address <b>FOSTER, DARREL</b> <b>43569 Blacksmith Square</b> <b>Ashburn, VA 20147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.826	Priority creditor's name and mailing address <b>FOSTER, DAVID</b> <b>10234 HIBISCUS DRIVE</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.827	Priority creditor's name and mailing address <b>FOWLER, KURTISS J.</b> <b>219 12ST S</b> <b>201</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.828	Priority creditor's name and mailing address <b>FRAIRE MUNOZ, RENE M.</b> <b>1301 67TH AVE N</b> <b>205</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.829	Priority creditor's name and mailing address <b>FRANCIS, CARLEY R.</b> <b>1330 HIDDEN VALLEY DRIVE</b> <b>Bulger, PA 15019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.830	Priority creditor's name and mailing address <b>FRANCIS, DILLON A.</b> <b>11000 DELAWARE PARKWAY</b> <b>Unit 2207</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.831	Priority creditor's name and mailing address <b>FRANCIS, JASON S.</b> <b>3121 NW 95ST</b> <b>Apt 3</b> <b>Miami, FL 33147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.832	Priority creditor's name and mailing address <b>FRANCOIS, ALEXANDRIA S.</b> <b>5540 LIVINGSTON TERRACE</b> <b>Apt 101</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.833	Priority creditor's name and mailing address <b>FRANGOULIS, ANGELA M.</b> <b>2920 AMERICAN BEAUTY PL</b> <b>Nanjemoy, MD 20662</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.834	Priority creditor's name and mailing address <b>FRANK, MADISON L.</b> <b>406 S BLUEGRASS DR</b> <b>Bonner Springs, KS 66012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.835	Priority creditor's name and mailing address <b>FRANKLIN, NICHOLAS</b> <b>13830 W 131ST TERRACE</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.836	Priority creditor's name and mailing address <b>FREDERICK, DAWSON</b> <b>4315 STABLE PATH DRIVE</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.837	Priority creditor's name and mailing address <b>FREDLUND, JACOB A.</b> <b>4271 LODGEPOLE DR.</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.838	Priority creditor's name and mailing address <b>FREEMYER, JORDAN M.</b> <b>13450 WRIGHT STREET</b> <b>Omaha, NE 68144</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.839	Priority creditor's name and mailing address <b>FREESE, PAIGE</b> <b>15251 GREENHAVEN DR</b> <b>242</b> <b>Burnsville, MN 55306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.840	Priority creditor's name and mailing address <b>FREIMANIS, ARNOLDS M.</b> <b>270 BERKSHIRE LN</b> <b>Sugar Grove, IL 60554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.841	Priority creditor's name and mailing address <b>Freitag, Royse A.</b> <b>2825 Lexington Avenue No. #B</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.842	Priority creditor's name and mailing address <b>Friel, John Z.</b> <b>8228 Rosebury Drive</b> <b>Frankfort, IL 60423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.843	Priority creditor's name and mailing address <b>FRIKER, ALANNA</b> <b>2218 BEAUMONT CT</b> <b>Aurora, IL 60502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.844	Priority creditor's name and mailing address <b>FRITZ, ANDREW A.</b> <b>9955 N. BLUE PRAIRIE DR.</b> <b>Whitehouse, OH 43571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.845	Priority creditor's name and mailing address <b>Fritz, Connor P.</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.846	Priority creditor's name and mailing address <b>Fritz, Connor P.</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.847	Priority creditor's name and mailing address <b>FRITZ, GAVIN J.</b> <b>29470 JOHN HAUK</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.848	Priority creditor's name and mailing address <b>Fritz, Gavin J.</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.849	Priority creditor's name and mailing address <b>Fritz, Sean</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.850	Priority creditor's name and mailing address <b>Fritz, Sean</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.851	Priority creditor's name and mailing address <b>FROMM, CAMERON D.</b> <b>1103 WINTERBERRY LN</b> <b>Metamora, IL 61548</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.852	Priority creditor's name and mailing address <b>FRYE, ANTONIA</b> <b>455 TIMBER RIDGE CT</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.853	Priority creditor's name and mailing address <b>FRYE, TRAVIS N.</b> <b>4128 OAKLAND AVE</b> <b>Minneapolis, MN 55408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.854	Priority creditor's name and mailing address <b>FUENTES, ISMAEL</b> <b>9103 LUNAR AVE</b> <b>Apt 204</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.855	Priority creditor's name and mailing address <b>FUENTES, MARIA</b> <b>2407 N 61 TERR.</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.856	Priority creditor's name and mailing address <b>FUENTES, SAMARA</b> <b>2211 ABBEY DRIVE</b> <b>Apt 4</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.857	Priority creditor's name and mailing address <b>FUENTEZ, JACOB J.</b> <b>10704 WAGON TRAIL CT</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.858	Priority creditor's name and mailing address <b>FULLER, AMANDA</b> <b>813 W. SAINT JAMES ST</b> <b>Peoria, IL 61606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.859	Priority creditor's name and mailing address <b>FULLER, ASHLEY E.</b> <b>14405 CUPPOLA DR</b> <b>Noblesville, IN 46060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.860	Priority creditor's name and mailing address <b>FULLER, ERIC W.</b> <b>15543 Blue Skies St</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.861	Priority creditor's name and mailing address <b>Fullilove, Ciara</b> <b>14167 Greenview</b> <b>Detroit, MI 48223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.862	Priority creditor's name and mailing address <b>FUNES, GLADIS</b> <b>3095 WOOSTER DR</b> <b>Bryans Road, MD 20616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.863	Priority creditor's name and mailing address <b>FUNSE, KEVIN</b> <b>5014 WHEELER RD</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.864	Priority creditor's name and mailing address <b>Furry, Marisa P.</b> <b>3610 Fox Tail Trail NW</b> <b>Prior Lake, MN 55372</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.865	Priority creditor's name and mailing address <b>GAEBEL, TYLER J.</b> <b>794 MONNENS AVE</b> <b>Shakopee, MN 55379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.866	Priority creditor's name and mailing address <b>GAITAN, JOSE O.</b> <b>220 N FOSS AVE</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.867	Priority creditor's name and mailing address <b>Galbavy, Kyle</b> <b>1828 4th Street</b> <b>Moline, IL 61265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.868	Priority creditor's name and mailing address <b>Galindo, Mario A.</b> <b>2329 Cass Street</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.869	Priority creditor's name and mailing address <b>Galindo, Stephen D.</b> <b>39309 Lilly Ct</b> <b>Farmington, MI 48331</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.870	Priority creditor's name and mailing address <b>GALLATY, JESSICA L.</b> <b>60 15TH AVE NTH</b> <b>97</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.871	Priority creditor's name and mailing address <b>GALLEGO, YAMILETTE</b> <b>17730 SW 152 AVE</b> <b>Miami, FL 33177</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.872	Priority creditor's name and mailing address <b>GALLO, ARIANA</b> <b>415 CLINES FORD DR</b> <b>Belvidere, IL 61008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.873	Priority creditor's name and mailing address <b>GALLOWAY, JACOB A.</b> <b>5501 WOODLAND AVE</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.874	Priority creditor's name and mailing address <b>GALSTAD, RACHEL L.</b> <b>914 6TH AVE S</b> <b>Apt 313</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.875	Priority creditor's name and mailing address <b>GALSTAD, RACHEL L.</b> <b>604 13th Street SE</b> <b>East Grand Forks, MN 56721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.876	Priority creditor's name and mailing address <b>GALVEZ, ANTIOCO L.</b> <b>254 BIRMINGHAM ST APT 2</b> <b>Saint Paul, MN 55106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.877	Priority creditor's name and mailing address <b>GALVEZ, JOSHUA</b> <b>444 N GRAY ST</b> <b>Indianapolis, IN 46201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.878	Priority creditor's name and mailing address <b>Gamboa, Fabiola</b> <b>2908 SE Freedom Drive</b> <b>Grimes, IA 50111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.879	Priority creditor's name and mailing address <b>Gammons, Alayna</b> <b>2325 Audrey Manor Court</b> <b>Waldorf, MD 20603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.880	Priority creditor's name and mailing address <b>Gandarilla, Brandon</b> <b>87 Conser Street</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.881	Priority creditor's name and mailing address <b>GARAY, ANDREW C.</b> <b>1986 PERSIMMON CT</b> <b>Schaumburg, IL 60193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.882	Priority creditor's name and mailing address <b>GARBETT, DARIAN M.</b> <b>1026 WEDGEWOOD LANE NORTH</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.883	Priority creditor's name and mailing address <b>GARCES, RODOLFO</b> <b>5406 CHATEAU APT6</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.884	Priority creditor's name and mailing address <b>GARCIA PEREZ, ALVARO</b> <b>4941 TAMA ST</b> <b>Apt 1</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.885	Priority creditor's name and mailing address <b>Garcia Perez, Arturo</b> <b>4610 Tama Street SE #8</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.886	Priority creditor's name and mailing address <b>GARCIA, ARMANDO</b> <b>7601 GARRNETT #5</b> <b>Overland Park, KS 66204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.887	Priority creditor's name and mailing address <b>Garcia, Armando</b> <b>7601 Garrnett #5</b> <b>Overland Park, KS 66204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.888	Priority creditor's name and mailing address <b>GARCIA, BESSY E.</b> <b>4805 HENDERSON ROAD</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.889	Priority creditor's name and mailing address <b>Garcia, Ernesto</b> <b>2601 University Avenue SE #120</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.890	Priority creditor's name and mailing address <b>Garcia, Humberto</b> <b>15 Sierra Circo</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.891	Priority creditor's name and mailing address <b>GARCIA, JAZMYNE</b> <b>1464 W 10TH ST</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.892	Priority creditor's name and mailing address <b>GARCIA, JOSE E.</b> <b>6261 OXIN HILL RD</b> <b>301</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.893	Priority creditor's name and mailing address <b>GARCIA, JOSE JUAN J.</b> <b>9824 IVELAND DR</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.894	Priority creditor's name and mailing address <b>GARCIA, JUAN</b> <b>25 11TH AVE. SOUTH</b> <b>Apt 1</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.895 Priority creditor's name and mailing address

**GARCIA, PATRICIA  
2908 SE FREEDOM DR  
Grimes, IA 50111**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.896 Priority creditor's name and mailing address

**GARCIA, PATRICIA  
2908 SE FREEDOM DR  
Grimes, IA 50111**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.897 Priority creditor's name and mailing address

**GARCIA, ROBERTO A.  
802 CONSTITUTION DR APT A  
Homestead, FL 33034**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.898 Priority creditor's name and mailing address

**GARDNER, CAMDEN  
223 FRANKLIN ROAD  
Franklin, TN 37064**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.899	Priority creditor's name and mailing address <b>GARDNER, TERMEICE</b> <b>12910 SPRECHER AVE</b> <b>Cleveland, OH 44135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.900	Priority creditor's name and mailing address <b>GARDUNO, FELIPE</b> <b>2214 EVERET AVE</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.901	Priority creditor's name and mailing address <b>GARLICK, SAVANA</b> <b>923 7TH AVE S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.902	Priority creditor's name and mailing address <b>GARRETT, THOMAS M.</b> <b>705 32nd Ave NORTH</b> <b>Apt 1</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.903	Priority creditor's name and mailing address <b>GARST, PHOENIX C.</b> <b>12245 S. STRANG LINE CT.</b> <b>401</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.904	Priority creditor's name and mailing address <b>GARZA, ANGELICA</b> <b>233 GROVE STREET</b> <b>Sugar Grove, IL 60554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.905	Priority creditor's name and mailing address <b>Garza, Francisco R.</b> <b>911 Kenmore RD</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.906	Priority creditor's name and mailing address <b>GARZA, OLIVIA A.</b> <b>2012 PIERCE AVE</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.907	Priority creditor's name and mailing address <b>GARZONY, MIA J.</b> <b>145 GREENLEA DRIVE</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.908	Priority creditor's name and mailing address <b>GATZ, BENJAMIN J.</b> <b>12808 S ARAPAHO DR</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.909	Priority creditor's name and mailing address <b>Gauthier, William R.</b> <b>8370 Elmhurst</b> <b>Temperance, MI 48182</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.910	Priority creditor's name and mailing address <b>GAYTAN CINTORA, ANGEL</b> <b>2414 N IDAHO ST</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.911	Priority creditor's name and mailing address <b>GAYTAN CINTORA, JULIAN</b> <b>2414 N IDAHO STREET</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.912	Priority creditor's name and mailing address <b>GAYTAN, CRISTIAN</b> <b>14337 HONORE AVENUE</b> <b>Harvey, IL 60426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.913	Priority creditor's name and mailing address <b>GAYTAN, JUAN</b> <b>14337 HONORE AVE</b> <b>Harvey, IL 60426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.914	Priority creditor's name and mailing address <b>GEE, CARLA P.</b> <b>157 FLEET ST</b> <b>PH14</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.915	Priority creditor's name and mailing address <b>GEIBEL, SEAN W.</b> <b>6860 Colfax Ave</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.916	Priority creditor's name and mailing address <b>GEIKEN, SHELBY L.</b> <b>3600 S WILLOW AVE</b> <b>204</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.917	Priority creditor's name and mailing address <b>GELLER, ERIK M.</b> <b>20692 W. 112TH TERRACE</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.918	Priority creditor's name and mailing address <b>GENZLER, BROOKE L.</b> <b>17100 EVENTIDE WAY</b> <b>Farmington, MN 55024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.919	Priority creditor's name and mailing address <b>GEOULEKAS, ANTHONY</b> <b>223 NORTH MAPLE STREET</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.920	Priority creditor's name and mailing address <b>GEPFORD, THOMAS J.</b> <b>911 MASSACHUSETTS ST.</b> <b>C-10</b> <b>Lawrence, KS 66044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.921	Priority creditor's name and mailing address <b>GERTKEN, CHASE</b> <b>1208 SOMERSET BLVD</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.922	Priority creditor's name and mailing address <b>GIANANTONI, AUSTIN A.</b> <b>4808 ESTER DR</b> <b>Fort Wayne, IN 46816</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.923	Priority creditor's name and mailing address <b>GIBSON, TREVOR</b> <b>1900 COLFAX AVE</b> <b>Apt 3</b> <b>Minneapolis, MN 55403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.924	Priority creditor's name and mailing address <b>GIBSON, VERONICA</b> <b>1827 CENTRE POINTE</b> <b>228</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.925	Priority creditor's name and mailing address <b>GIESEN, DEVON M.</b> <b>4300 W Kathleen Street</b> <b>Sioux Falls, SD 57107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.926	Priority creditor's name and mailing address <b>GILES, JASON</b> <b>31 KASSEBAUM LANE</b> <b>Unit 307</b> <b>Saint Louis, MO 63129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.927	Priority creditor's name and mailing address <b>GILLESPIE, SIRENA</b> <b>9312 VIKING HILLS CO</b> <b>Indianapolis, IN 46250</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.928	Priority creditor's name and mailing address <b>Ginez, Diego G.</b> <b>505 Piccadylly #151</b> <b>Antioch, TN 37013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.929	Priority creditor's name and mailing address <b>GINN, SARAH E.</b> <b>6479 PEYTONSVILLE ARNO RD</b> <b>College Grove, TN 37046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.930	Priority creditor's name and mailing address <b>GISEL, JESSE</b> <b>125 E LOCUST ST.</b> <b>Davenport, IA 52803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.931	Priority creditor's name and mailing address <b>GLAITZKY-GOETZ, ABIGAIL C.</b> <b>12052 ASHWOOD DR</b> <b>Bennington, NE 68007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.932	Priority creditor's name and mailing address <b>GLAZER, AMY</b> <b>1130 CRESTWOOD DRIVE</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.933	Priority creditor's name and mailing address <b>GLEMBINE, ROLAND</b> <b>1345 W. 60TH ST.</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.934	Priority creditor's name and mailing address <b>GLICK, SHARLA T.</b> <b>1100 Sand Cherry LN</b> <b>Huxley, IA 50124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.935	Priority creditor's name and mailing address <b>GLINSKY, NICHOLE</b> <b>5125 VINE STREET</b> <b>805</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.936	Priority creditor's name and mailing address <b>GLOVER, CHANTELL</b> <b>10704 ESPRIT</b> <b>White Plains, MD 20695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.937	Priority creditor's name and mailing address <b>GOCHENOUR, MIKAYLA R.</b> <b>425 North 117th Court</b> <b>Apt. 10</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.938	Priority creditor's name and mailing address <b>GOCHEZ, DELFINO C.</b> <b>3025 PORTLAND LAKE</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.939	Priority creditor's name and mailing address <b>Godinez, Maria</b> <b>7749 Seward Street</b> <b>Omaha, NE 68114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.940	Priority creditor's name and mailing address <b>GODINEZ, MARIO E.</b> <b>1335 N 47TH ST</b> <b>16</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.941	Priority creditor's name and mailing address <b>GODOY, LORENZO A.</b> <b>8102 KERBY PARKWAY CT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.942	Priority creditor's name and mailing address <b>GOERING, RANDY P.</b> <b>1596 Concordia Ave</b> <b>Saint Paul, MN 55105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.943	Priority creditor's name and mailing address <b>GOLD, KIEHL L.</b> <b>1025 DONNIE COURT</b> <b>Lincoln, NE 68522</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.944	Priority creditor's name and mailing address <b>GOLDEN, BRODERICK N.</b> <b>2417 BERKLEY AVE</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.945	Priority creditor's name and mailing address <b>GOLDMAN, ASHLEY R.</b> <b>2630 COLCHESTER RD</b> <b>Apt 2</b> <b>Cleveland, OH 44106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.946	Priority creditor's name and mailing address <b>GOLDNER, ERIC</b> <b>1600 ANTIETAM AVE.</b> <b>1616</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.947	Priority creditor's name and mailing address <b>Gomez, Alexys</b> <b>623 Bruce Street</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.948	Priority creditor's name and mailing address <b>GOMEZ, IVAN</b> <b>4480 SCARLET OAK DR</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.949	Priority creditor's name and mailing address <b>GOMEZ, MAURO A.</b> <b>2663 MINERVA ST</b> <b>Warren, MI 48091</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.950	Priority creditor's name and mailing address <b>GOMEZ, MAYDA</b> <b>1533 S 21st St</b> <b>Apt 3</b> <b>Lincoln, NE 68502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.951	Priority creditor's name and mailing address <b>GOMEZ, MAYDA</b> <b>6510 Holdrege St. #4</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.952	Priority creditor's name and mailing address <b>GOMEZ-JIMINEZ, MARIANA</b> <b>1636 Hollywood AVE.NE.</b> <b>Minneapolis, MN 55418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.953	Priority creditor's name and mailing address <b>GONZALEZ YANEZ, ENRIQUE</b> <b>ARGEO</b> <b>1701 W. 89TH ST.</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.954	Priority creditor's name and mailing address <b>GONZALEZ, CHELSEA</b> <b>1202 EAST BORLEY AVE</b> <b>Mishawaka, IN 46545</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.955	Priority creditor's name and mailing address <b>GONZALEZ, DIEGO F.</b> <b>15610 SW 80TH ST</b> <b>J108</b> <b>Miami, FL 33193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.956	Priority creditor's name and mailing address <b>GONZALEZ, EDGAR</b> <b>827 OAKTON AVE</b> <b>Romeoville, IL 60446</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.957	Priority creditor's name and mailing address <b>GONZALEZ, EDUARDO</b> <b>148 KINGSTON ROAD</b> <b>Bolingbrook, IL 60440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.958	Priority creditor's name and mailing address <b>GONZALEZ, ERNESTO</b> <b>743 BLAINE</b> <b>Pontiac, MI 48340</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.959	Priority creditor's name and mailing address <b>Gonzalez, Hector</b> <b>2930 S 93rd Plaza #2</b> <b>Omaha, NE 68124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.960	Priority creditor's name and mailing address <b>Gonzalez, Jocelyn J.</b> <b>5200 SW 115 Avenue</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.961	Priority creditor's name and mailing address <b>GONZALEZ, JONATHAN A.</b> <b>314 WILDBERRY CT</b> <b>Unit 2A</b> <b>Chillicothe, IL 61523</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.962	Priority creditor's name and mailing address <b>Gonzalez, Juan</b> <b>180 Jacobson Ave</b> <b>Glendale Heights, IL 60139</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.963	Priority creditor's name and mailing address <b>Gonzalez, Lidia E.</b> <b>7110 E Inwood St</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.964	Priority creditor's name and mailing address <b>GONZALEZ, MARTIN</b> <b>420 3RD STREET</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.965	Priority creditor's name and mailing address <b>GONZALEZ, MATEO</b> <b>1660 SE GREENBRIAR CIRCLE</b> <b>Waukee, IA 50263</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.966	Priority creditor's name and mailing address <b>GONZALEZ, SAMARIA K.</b> <b>15404 ROWENA AVE</b> <b>Maple Heights, OH 44137</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.967	Priority creditor's name and mailing address <b>Gonzalez, Tanisha</b> <b>11180 SE 107 St #107</b> <b>Miami, FL 33176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.968	Priority creditor's name and mailing address <b>GOODRICH, DERRICK P.</b> <b>1870 CHAMPLAIN DR</b> <b>Niles, MI 49120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.969	Priority creditor's name and mailing address <b>GOODWIN, CHARLOTTE I.</b> <b>7196 CHESTER RD.</b> <b>Fairview, TN 37062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.970	Priority creditor's name and mailing address <b>Goodwin, Warren</b> <b>942 11th Street NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.971	Priority creditor's name and mailing address <b>Goodwin, Warren</b> <b>942 11th Street NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.972	Priority creditor's name and mailing address <b>Gordon, Bethany</b> <b>3432 Hardway Lane</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.973	Priority creditor's name and mailing address <b>Gordon, Lacey A.</b> <b>5319 South Union Street</b> <b>Des Moines, IA 50315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.974	Priority creditor's name and mailing address <b>Gore, Ashley M.</b> <b>15466 Rutherford Unit 2</b> <b>Detroit, MI 48227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.975	Priority creditor's name and mailing address <b>GORENFLO, THOMAS</b> <b>1241 HAMPSHIRE DEIVE</b> <b>Canton, MI 48188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.976	Priority creditor's name and mailing address <b>GORSUCH, ERIN</b> <b>10122 MOON VALLEY DR</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.977	Priority creditor's name and mailing address <b>GOSS, SARAH M.</b> <b>1319 CITATION CIR S</b> <b>Lebanon, IN 46052</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.978	Priority creditor's name and mailing address <b>GOUTTIERE, JOHN W.</b> <b>8066 BRIDGEHAMPTON DR.</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.979	Priority creditor's name and mailing address <b>GOZALES, DAVID</b> <b>3210 LONGFELLOW AVE.</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.980	Priority creditor's name and mailing address <b>Gracida Santos, Filadelfo</b> <b>5600 Aster Lane</b> <b>#322</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.981	Priority creditor's name and mailing address <b>GRAHAM, CAROLYN D.</b> <b>8401 MIMOSA AVE</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.982	Priority creditor's name and mailing address <b>Graham, Jennifer A.</b> <b>1756 E. Lacona Avenue</b> <b>Des Moines, IA 50320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.983	Priority creditor's name and mailing address <b>Grainger, Bailey A.</b> <b>435 Whistler CV</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.984	Priority creditor's name and mailing address <b>GRALEY, BRYAN D.</b> <b>896 ASHLAND AVENUE</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.985	Priority creditor's name and mailing address <b>GRANADO, FRANCISCO A.</b> <b>1002 MARCY AVENUE</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.986	Priority creditor's name and mailing address <b>GRAVES, LILLIAN</b> <b>15486 S. ACUFF LN.</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.987	Priority creditor's name and mailing address <b>GRAVES, TYLER</b> <b>15486 S Acuff Ln</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.988	Priority creditor's name and mailing address <b>GRAY JR., DEMARCO D.</b> <b>735 WEST 15TH ST.</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.989	Priority creditor's name and mailing address <b>GRAY, ANDRE S.</b> <b>1300 15TH ST N</b> <b>Unit 4</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.990	Priority creditor's name and mailing address <b>Grayum, Neil</b> <b>1324 28th Street</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.991	Priority creditor's name and mailing address <b>GREAR, ALEXUS</b> <b>1325 CORAL GARDENS CT</b> <b>Capitol Heights, MD 20743</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.992	Priority creditor's name and mailing address <b>GREELEY, JACK J.</b> <b>631 WATSEEDGE TERRACE</b> <b>Saint Paul, MN 55120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.993	Priority creditor's name and mailing address <b>Green, EVA M.</b> <b>1529 GREENWOOD CT N</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.994	Priority creditor's name and mailing address <b>GREEN, JACOB W.</b> <b>2512 MONROE ST NE</b> <b>Minneapolis, MN 55418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.995	Priority creditor's name and mailing address <b>GREEN, JAHMALL A.</b> <b>316 YORKSHIRE BLVD</b> <b>208</b> <b>Dearborn Heights, MI 48127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.996	Priority creditor's name and mailing address <b>GREEN, MELISSA</b> <b>4315 NORTHEAST 83RD STREET</b> <b>Kansas City, MO 64119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.997	Priority creditor's name and mailing address <b>GREENE, JENNIFER L.</b> <b>2221 EUCLID AVE</b> <b>Beloit, WI 53511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.998	Priority creditor's name and mailing address <b>GREER, JORDAN L.</b> <b>501 7TH ST S</b> <b>Unit 2B</b> <b>Fargo, ND 58109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.999	Priority creditor's name and mailing address <b>GREER, PETER</b> <b>716 CORONATION GARDENS</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1000	Priority creditor's name and mailing address <b>GRIFFITH, CRISTEN R.</b> <b>2123 BUCKINGHAM DRIVE NW</b> <b>#1</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1001	Priority creditor's name and mailing address <b>Griffith, Molly</b> <b>605 Second Street</b> <b>Apt G</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1002	Priority creditor's name and mailing address <b>GRIFFITHS, ELISE M.</b> <b>5766 BROCKTON CT</b> <b>Indianapolis, IN 46220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1003	Priority creditor's name and mailing address <b>GRIGSBY, JUSTIN L.</b> <b>333 11TH AVE NORTH</b> <b>A2</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1004	Priority creditor's name and mailing address <b>GRIJALBA, SARA</b> <b>1425 HANSON DRIVE</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1005	Priority creditor's name and mailing address <b>Grinager, Whitney</b> <b>6400 Sycamore Lane N</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1006	Priority creditor's name and mailing address <b>GROBE, ALEXANDRA J.</b> <b>921 S. MAIN ST. LOT 64</b> <b>Lansing, KS 66043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1007	Priority creditor's name and mailing address <b>GROEBNER, DANIEL J.</b> <b>133 18th Ave N</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1008	Priority creditor's name and mailing address <b>GROOMS, STACY E.</b> <b>1099 LEAHY CIRCLE</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1009	Priority creditor's name and mailing address <b>GROTE-BURNSTAD, ALEX R.</b> <b>18 1ST WEST FARGO 1 TOP FLOOR</b> <b>Apt 1</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1010	Priority creditor's name and mailing address <b>Grotheer, Matthew J.</b> <b>19600 Conser</b> <b>Stilwell, KS 66085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1011	Priority creditor's name and mailing address <b>GROULX, TAYLOR E.</b> <b>25890 MAY STREET</b> <b>Edwardsburg, MI 49112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1012	Priority creditor's name and mailing address <b>GROVE, MADISON P.</b> <b>614 Portland Ave</b> <b>Apt 301</b> <b>Saint Paul, MN 55102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1013	Priority creditor's name and mailing address <b>GROVER, KATHLEEN</b> <b>2115 PRENTISS DR</b> <b>106</b> <b>Downers Grove, IL 60516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1014	Priority creditor's name and mailing address <b>GRUBA, BRANDON M.</b> <b>912 5th st NE</b> <b>Rice, MN 56367</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1015	Priority creditor's name and mailing address <b>GRUNDY, MEGAN E.</b> <b>4301 CHURCHILL DR</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1016	Priority creditor's name and mailing address <b>GUAMAN, JUAN A.</b> <b>2917 SOUTH 28TH AVE</b> <b>Apt 1</b> <b>Minneapolis, MN 55406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1017	Priority creditor's name and mailing address <b>GUARDADO, JOSE R.</b> <b>1081 VILLA PARK DR</b> <b>Troy, MI 48085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1018	Priority creditor's name and mailing address <b>Gude, Andrew P.</b> <b>505 8th Street</b> <b>Apt 11</b> <b>Ames, IA 50010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1019	Priority creditor's name and mailing address <b>GUERRA, ANNABEL</b> <b>5525 SW 112 COURT</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1020	Priority creditor's name and mailing address <b>GUERRA, MAXIMILIAN J.</b> <b>2440 SW 124 AVE</b> <b>Miami, FL 33175</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1021	Priority creditor's name and mailing address <b>GUERRA, XENIA Y.</b> <b>9003 CONGRESS PL.</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1022	Priority creditor's name and mailing address <b>GUERRERO, CHRISTIE A.</b> <b>8622 WALKER AVE</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1023	Priority creditor's name and mailing address <b>GUERRETTE, MEGAN A.</b> <b>8138 SILVERSTONE DRIVE</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1024	Priority creditor's name and mailing address <b>GUERRETTE, NICHOLAS</b> <b>8138 SILVERSTONE DRIVE</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1025	Priority creditor's name and mailing address <b>GUETTER, HALEY</b> <b>3475 GOLFVIEW DRIVE</b> <b>216</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1026	Priority creditor's name and mailing address <b>GUISINGER, KACIA</b> <b>1730 40TH AVE. S</b> <b>214</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1027	Priority creditor's name and mailing address <b>GUITIERREZ, ROLANDO</b> <b>322 N MONROE ST</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1028	Priority creditor's name and mailing address <b>GULED, SHARMAKE</b> <b>713 MACKUBIN</b> <b>Apt 1</b> <b>Saint Paul, MN 55103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1029	Priority creditor's name and mailing address <b>GUNN, NICHOLAS J.</b> <b>11325 DECATUR PLZ</b> <b>821</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1030	Priority creditor's name and mailing address <b>GUTERMUTH, GARRETT K.</b> <b>15080 LONGBRIDGE DRIVE</b> <b>Granger, IN 46530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1031	Priority creditor's name and mailing address <b>GUTIERREZ, WENDY E.</b> <b>16602 ROLLING TREE RD</b> <b>Accokeek, MD 20607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1032	Priority creditor's name and mailing address <b>Guyton, Javyier</b> <b>940 Woodward Avenue, Apt. 4</b> <b>Mc Kees Rocks, PA 15136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1033	Priority creditor's name and mailing address <b>GUZMAN, JOSE L.</b> <b>5144 TRUEMPER WAY APT 6</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1034	Priority creditor's name and mailing address <b>GUZMAN, TATIANA</b> <b>2206 HUNTINGTON AVE</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.1035 Priority creditor's name and mailing address

**GUZMAN, WILLIAM**  
**4620 LOUISIANA AVE.**  
**Minneapolis, MN 55428**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1036 Priority creditor's name and mailing address

**GUZMAN, YENSI**  
**2206 HUNTINGTON AVE**  
**Saint Louis, MO 63114**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1037 Priority creditor's name and mailing address

**HA, DENNY**  
**3501 1ST STREET NORTH**  
**Saint Cloud, MN 56303**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1038 Priority creditor's name and mailing address

**HAAS, BRITTANY**  
**436 SOUTH DORCAS RD**  
**Holland, OH 43528**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1039	Priority creditor's name and mailing address <b>HABER, AMANDA</b> <b>2582 Queenston Rd.</b> <b>Cleveland, OH 44118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1040	Priority creditor's name and mailing address <b>Haberstroh, Christopher</b> <b>12535 Roth Hill Dr.</b> <b>Maryland Heights, MO 63043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1041	Priority creditor's name and mailing address <b>HABIGER, BARBARA</b> <b>16018 GLEASON LAKE RD.</b> <b>Wayzata, MN 55391</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1042	Priority creditor's name and mailing address <b>HAGEDORN, CHRISTINA M.</b> <b>415 LEFFLER DR</b> <b>Indianapolis, IN 46231</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1043	Priority creditor's name and mailing address <b>HAGEMEYER, KELSEY M.</b> <b>5000 NOB HILL DRIVE</b> <b>Minneapolis, MN 55439</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1044	Priority creditor's name and mailing address <b>HAIAR, MEGAN L.</b> <b>1701 S KATIVE AVE</b> <b>303</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1045	Priority creditor's name and mailing address <b>HALABI, ANDREA N.</b> <b>1213 Hudson</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1046	Priority creditor's name and mailing address <b>HALE, CASEY M.</b> <b>2173 ST. CLAIR AVE</b> <b>Saint Paul, MN 55105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1047	Priority creditor's name and mailing address <b>HALIBURTON, CLAYTON C.</b> <b>5441 HARAS PL</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1048	Priority creditor's name and mailing address <b>Hall, Canzania L.</b> <b>4194 Williams Wharf Rd</b> <b>Prince Frederick, MD 20678</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1049	Priority creditor's name and mailing address <b>Hall, Cordel M.</b> <b>719 23rd Avenue N.</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1050	Priority creditor's name and mailing address <b>HALL, JESSE J.</b> <b>519 GREENLAWN AVENUE</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1051	Priority creditor's name and mailing address <b>Hall, Sykirra</b> <b>21 Robshire Manor Rd</b> <b>Huntingtown, MD 20639</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1052	Priority creditor's name and mailing address <b>HALLETT, BENJAMIN A.</b> <b>210 WEST BROADWAY ST</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1053	Priority creditor's name and mailing address <b>HALLMAN, DARBY C.</b> <b>240 WHISPERING OAKS DR.</b> <b>Metamora, IL 61548</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1054	Priority creditor's name and mailing address <b>HAMEED, JOSEFINA R.</b> <b>1464 W 10TH ST</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1055	Priority creditor's name and mailing address <b>HAMILTON, KIYARAH L.</b> <b>5437 HARAS PL</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1056	Priority creditor's name and mailing address <b>HAMILTON, TAYLOR M.</b> <b>905 N STEPHENSON HWY</b> <b>36</b> <b>Royal Oak, MI 48067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1057	Priority creditor's name and mailing address <b>Hamm-Coyne, Jasmyn</b> <b>12785 Abbey Lake Drive</b> <b>Detroit Lakes, MN 56501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1058	Priority creditor's name and mailing address <b>HAMMERSCHMIDT, TATUM</b> <b>7721 166TH STREET</b> <b>Tinley Park, IL 60477</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.1059 Priority creditor's name and mailing address  
**HAMPTON, ASHLYNN**  
**1601 EAGLES CREST AVE**  
**E6**  
**Davenport, IA 52804**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1060 Priority creditor's name and mailing address  
**HANCOCK, WILLIAM J.**  
**1112 A AVE NW**  
**Cedar Rapids, IA 52405**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1061 Priority creditor's name and mailing address  
**HANEGRAAF, PAIGE**  
**8317 Norwood Ln N**  
**Osseo, MN 55369**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1062 Priority creditor's name and mailing address  
**HANKEY, DONALD E.**  
**629 A AVE NW**  
**Apt F**  
**Cedar Rapids, IA 52405**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1063	Priority creditor's name and mailing address <b>HANKINS, AUTUMN N.</b> <b>2214 W ARROWHEAD LANE</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1064	Priority creditor's name and mailing address <b>HANNEN, MARK D.</b> <b>3559 Mulligan Dr</b> <b>Woodridge, IL 60517</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1065	Priority creditor's name and mailing address <b>HANSEN, KARINA M.</b> <b>5119 S MARION ROAD</b> <b>Unit 112</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1066	Priority creditor's name and mailing address <b>HANSEN, SARAH LAYCEE</b> <b>4732 UPLAND CREST NE</b> <b>Minneapolis, MN 55421</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1067	Priority creditor's name and mailing address <b>HANSEN, TAYLER D.</b> <b>5060 R ST.</b> <b>1105</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1068	Priority creditor's name and mailing address <b>HANSSEN, CATHERINE J.</b> <b>4708 W. 15TH PL.</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1069	Priority creditor's name and mailing address <b>HANTZ, MERCEDES R.</b> <b>1602 32ND ST</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1070	Priority creditor's name and mailing address <b>HARDAWAY, SHAWN</b> <b>26151 LAKESHORE BLVD</b> <b>#1415 West Building</b> <b>Euclid, OH 44132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1071	Priority creditor's name and mailing address <b>HARDEN, TAMARA</b> <b>1929 GREEN ROAD</b> <b>Apt 503</b> <b>Cleveland, OH 44121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1072	Priority creditor's name and mailing address <b>HARDING, KAILEY M.</b> <b>6246 N 155TH ST</b> <b>Omaha, NE 68116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1073	Priority creditor's name and mailing address <b>HARDWICK, MYLES J.</b> <b>8016 CAREY BRANCH PL</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1074	Priority creditor's name and mailing address <b>Harrington, Darryl D.</b> <b>4323 3rd Street Southeast #204</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1075	Priority creditor's name and mailing address <b>Harrington, Hollie</b> <b>498 Canterbury Trl</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1076	Priority creditor's name and mailing address <b>Harris, Damon</b> <b>27267 Lehigh St.</b> <b>Inkster, MI 48141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1077	Priority creditor's name and mailing address <b>HARRIS, JARED D.</b> <b>630 NORTH 4TH STREET</b> <b>Le Claire, IA 52753</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1078	Priority creditor's name and mailing address <b>Harris, Sherey</b> <b>5609 Sachem Dr.</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1079	Priority creditor's name and mailing address <b>HARRISON, CHARLIE E.</b> <b>1100 WEST MAIN STREET</b> <b>D6</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1080	Priority creditor's name and mailing address <b>HARTSHORN, PATRICK J.</b> <b>398 3RD AVENUE SOUTH</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1081	Priority creditor's name and mailing address <b>HARTZ, SARAH</b> <b>1079 13th St.</b> <b>Martelle, IA 52305</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1082	Priority creditor's name and mailing address <b>HARVEY, DEJWAN E.</b> <b>16190 Lowell Dr</b> <b>312</b> <b>Southgate, MI 48195</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1083	Priority creditor's name and mailing address <b>HATCHETT, NATHANAEL B.</b> <b>2204 DRYDEN CT</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1084	Priority creditor's name and mailing address <b>Hatton, Marina S.</b> <b>6701 Dunnigan Drive</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1085	Priority creditor's name and mailing address <b>HAUGLAND, ALBERT</b> <b>1510 WEST 86TH STREET</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1086	Priority creditor's name and mailing address <b>HAVELKA, STEPHANIE</b> <b>26746 ARLINGTON ST</b> <b>Roseville, MI 48066</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.1087	Priority creditor's name and mailing address <b>HAWKINS, AMANDA R.</b> <b>1018 39TH ST SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1088	Priority creditor's name and mailing address <b>Hawkins, Sky S.</b> <b>4950 Blaine Street NE</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1089	Priority creditor's name and mailing address <b>Hawley, River K.</b> <b>1022 Monte Carlo Drive North</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1090	Priority creditor's name and mailing address <b>HAWTHORNE, ELAINA T.</b> <b>8745 RIVER HEIGHTS WAY</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1091	Priority creditor's name and mailing address <b>HAYES, BRIAN J.</b> <b>5971 BLANDFORD RD</b> <b>Bloomfield Hills, MI 48302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1092	Priority creditor's name and mailing address <b>HAYES, DEZMOND</b> <b>13501 PISCATAWAY DR.</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1093	Priority creditor's name and mailing address <b>HAYES, LINDSAY</b> <b>2610 OAK GROVE LANE</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1094	Priority creditor's name and mailing address <b>HAYES, MAKENNA</b> <b>1720 N LENNOX ST</b> <b>2A</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1095	Priority creditor's name and mailing address <b>HAYWARD, REBECCA D.</b> <b>17701 NW 40TH STREET</b> <b>Raymond, NE 68428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1096	Priority creditor's name and mailing address <b>HEADING, CLEARN S.</b> <b>3410 Brinkley Road</b> <b>Apt 201</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1097	Priority creditor's name and mailing address <b>HEASTINGS, SABRINA</b> <b>3236 CALIFORNIA AVENUE</b> <b>Pittsburgh, PA 15212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1098	Priority creditor's name and mailing address <b>HEDLUND, EMILEE</b> <b>1926 SOUTH TRAINER R</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1099	Priority creditor's name and mailing address <b>HEIGEL, ASHLEY</b> <b>428 LINDY BLVD</b> <b>Ballwin, MO 63021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1100	Priority creditor's name and mailing address <b>HEIPLE, JACOB</b> <b>832 NEELY HEIGHTS AVE</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1101	Priority creditor's name and mailing address <b>HELGESON, AARON J.</b> <b>3000 University Ave.</b> <b>Apt 3208</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1102	Priority creditor's name and mailing address <b>HELLERUD, JAROD L.</b> <b>100 1ST ST EAST</b> <b>210</b> <b>Ada, MN 56510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1103	Priority creditor's name and mailing address <b>HELMIN, HAILEY J.</b> <b>109 14TH ST S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1104	Priority creditor's name and mailing address <b>HENDERSON, CAILEY M.</b> <b>22277 138TH AVE N</b> <b>Rogers, MN 55374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1105	Priority creditor's name and mailing address <b>HENDERSON, PAUL</b> <b>1430 E BEARDSLEY AVE</b> <b>Elkhart, IN 46514</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1106	Priority creditor's name and mailing address <b>HENDERSON, TYNIC</b> <b>4218 LOIS</b> <b>Dearborn, MI 48126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1107	Priority creditor's name and mailing address <b>HENDRICK, EBONI T.</b> <b>11609 ZAREH DR.</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1108	Priority creditor's name and mailing address <b>HENMAN, MICKAYLA M.</b> <b>3725 CARDINAL LANE</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1109	Priority creditor's name and mailing address <b>HENRY, GRANT J.</b> <b>6960 RONNEBY ROAD NW</b> <b>Foley, MN 56329</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1110	Priority creditor's name and mailing address <b>HENRY, KATHERINE J.</b> <b>21808 S. VINE ST</b> <b>Spring Hill, KS 66083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1111	Priority creditor's name and mailing address <b>Henslee, Jaccamo P.</b> <b>210 Glasgow Lane Unit Z1</b> <b>Schaumburg, IL 60194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1112	Priority creditor's name and mailing address <b>HENSLEY, JOSIE M.</b> <b>4701 NE Parvin Rd</b> <b>Kansas City, MO 64117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1113	Priority creditor's name and mailing address <b>HENSLEY, TODD</b> <b>6100 SE 5th Street</b> <b>Des Moines, IA 50315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1114	Priority creditor's name and mailing address <b>HENSON, SARA A.</b> <b>1435 WEST JESSAMINE AVE</b> <b>205</b> <b>Saint Paul, MN 55108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1115	Priority creditor's name and mailing address <b>HEREDIA, ANJELITA M.</b> <b>3225 HOAGLAND AVE</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1116	Priority creditor's name and mailing address <b>Heredia, Bianca K.</b> <b>809 Northwood Boulevard</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1117	Priority creditor's name and mailing address <b>HERNANDEZ GARAY, EUNICE I.</b> <b>2190 Pascal Street</b> <b>Apt 103</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1118	Priority creditor's name and mailing address <b>HERNANDEZ, ALEXANDER</b> <b>32397 COUNCIL DR</b> <b>25C</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1119	Priority creditor's name and mailing address <b>HERNANDEZ, ALVARO</b> <b>10751 PAGE AVE</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1120	Priority creditor's name and mailing address <b>HERNANDEZ, CARLY</b> <b>126 N. RACE ST</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1121	Priority creditor's name and mailing address <b>HERNANDEZ, DUINA V.</b> <b>5652 HURON STREET</b> <b>Prior Lake, MN 55372</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1122	Priority creditor's name and mailing address <b>HERNANDEZ, GILBERTO</b> <b>8630 MALAGA DR.</b> <b>Indianapolis, IN 46250</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1123	Priority creditor's name and mailing address <b>HERNANDEZ, HUGO</b> <b>8321 JEFFERSON AVE</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1124	Priority creditor's name and mailing address <b>Hernandez, Jennie</b> <b>9115 Loughran Rd</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1125	Priority creditor's name and mailing address <b>Hernandez, Jimena</b> <b>815 Sunrise Lane</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1126	Priority creditor's name and mailing address <b>Hernandez, Karina</b> <b>3226 Pleasantville Bridge Road</b> <b>Thompsons Station, TN 37179</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1127	Priority creditor's name and mailing address <b>HERNANDEZ, MARIA C.</b> <b>2432 STATE AV</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1128	Priority creditor's name and mailing address <b>HERNANDEZ, PEDRO</b> <b>2833 HANSON ST</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1129	Priority creditor's name and mailing address <b>HERNANDEZ, ROBERTO</b> <b>7010 Highbridge Road</b> <b>Bowie, MD 20720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1130	Priority creditor's name and mailing address <b>HERNANDEZ-CATIVO, JONATHAN</b> <b>JAV</b> <b>3205 HARBOR LN</b> <b>4-209</b> <b>Minneapolis, MN 55447</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756		
2.1131	Priority creditor's name and mailing address <b>HERRING, TYLER M.</b> <b>528 BRODERICK DR NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1132	Priority creditor's name and mailing address <b>HERRON, BRYCE D.</b> <b>1524 CENTENNIAL DR.</b> <b>235B</b> <b>Joliet, IL 60431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1133	Priority creditor's name and mailing address <b>HERRON, JAWUAN T.</b> <b>3345 CALVERT</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1134	Priority creditor's name and mailing address <b>Herskovitz, Zachary</b> <b>3 Suffolk Drive</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.1135 Priority creditor's name and mailing address

**Hetu, Zach**  
**16211 Whitehaven Dr.**  
**Northville, MI 48168**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1136 Priority creditor's name and mailing address

**HICKMAN, HANNAH M.**  
**6104 VENTURA DR.**  
**Plainfield, IL 60586**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1137 Priority creditor's name and mailing address

**Hickman, Jeni L.**  
**1803 W. 58th Street**  
**Davenport, IA 52806**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1138 Priority creditor's name and mailing address

**HIGGINS, DERRICK L.**  
**12321 FOREST GROVE AVE**  
**Cleveland, OH 44108**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1139	Priority creditor's name and mailing address <b>HIGGINS, PAUL A.</b> <b>27661 TUNGSTEN ROAD</b> <b>202</b> <b>Euclid, OH 44132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1140	Priority creditor's name and mailing address <b>Hightower, Matthew</b> <b>8319 Switzer Street</b> <b>Overland Park, KS 66214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1141	Priority creditor's name and mailing address <b>HILGERT, JAIMEE J.</b> <b>6501 ARTISAN WAY</b> <b>Lincoln, NE 68516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1142	Priority creditor's name and mailing address <b>HILL, DAVID L.</b> <b>1214 GLENHAVEN</b> <b>Baltimore, MD 21239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.1143	Priority creditor's name and mailing address <b>HILLEN, VICTORIA</b> <b>9630 TAYLOR STREET</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1144	Priority creditor's name and mailing address <b>HILLMAN, TRACOREY</b> <b>612 WAVERLY RD</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1145	Priority creditor's name and mailing address <b>Hills, Nicholas R.</b> <b>4301 N. 7th Street #306</b> <b>Lincoln, NE 68521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1146	Priority creditor's name and mailing address <b>HILTON, KRISTINA</b> <b>327 E HOOVER DR</b> <b>Fort Wayne, IN 46816</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1147	Priority creditor's name and mailing address <b>HIMES, JOSEPH</b> <b>2711 Keyport Lane</b> <b>Bowie, MD 20715</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1148	Priority creditor's name and mailing address <b>Hirsch, Maicee L.</b> <b>11500 97th Place N.</b> <b>Maple Grove, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1149	Priority creditor's name and mailing address <b>HIX, AARON J.</b> <b>17640 66TH AVE N</b> <b>Osseo, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1150	Priority creditor's name and mailing address <b>HJELSETH, NATHAN G.</b> <b>210 SUNSET BLVD</b> <b>Waconia, MN 55387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1151	Priority creditor's name and mailing address <b>HOAK, KAYLE R.</b> <b>9012 FAIRWAY DR</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1152	Priority creditor's name and mailing address <b>HOBBA, YVONNA</b> <b>4237 7TH STREET SE</b> <b>202</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1153	Priority creditor's name and mailing address <b>HOBDA, LAUREN M.</b> <b>5834 16TH AVE. SE</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1154	Priority creditor's name and mailing address <b>Hodge, Nathan</b> <b>6292 Maxwell Avenue</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1155	Priority creditor's name and mailing address <b>HOFFMAN, PETER R.</b> <b>1510 AVE S JOHN NEUMAIER</b> <b>HALL</b> <b>Unit 308</b> <b>Moorhead, MN 56563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1156	Priority creditor's name and mailing address <b>HOFFMAN, ZACHARY H.</b> <b>3810 NAUTILUS TRAIL</b> <b>Aurora, OH 44202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1157	Priority creditor's name and mailing address <b>HOFMANN, BLAKE</b> <b>1040 EAST STATE BLVD.</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1158	Priority creditor's name and mailing address <b>HOGAN, JARED T.</b> <b>1240 ILLSELY DRIVE</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1159	Priority creditor's name and mailing address <b>Hogan, Kyle</b> <b>3005 Fairfield Avenue</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1160	Priority creditor's name and mailing address <b>HOGAN, TAYLOR J.</b> <b>1240 ILLSLEY DRIVE</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1161	Priority creditor's name and mailing address <b>HOILAND, JENNIFER L.</b> <b>47137 250 TH ST LOT 13</b> <b>Baltic, SD 57003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1162	Priority creditor's name and mailing address <b>HOLALKERE, SHASHANK</b> <b>8128 MAGNOLIA LANE N</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1163	Priority creditor's name and mailing address <b>HOLCOMB, CAROL</b> <b>3008 CECIL LEWIS DR</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1164	Priority creditor's name and mailing address <b>HOLDEN, CHRISTOPHER E.</b> <b>714 Irving Ave NW</b> <b>Elk River, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1165	Priority creditor's name and mailing address <b>HOLLAND, RILEY G.</b> <b>2227 Knapp St</b> <b>Apt 201</b> <b>Ames, IA 50014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1166	Priority creditor's name and mailing address <b>HOLLINGSBED, STEVEN W.</b> <b>1330 W 3RD ST</b> <b>Davenport, IA 52802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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Name			

  

2.1167	Priority creditor's name and mailing address <b>HOLLOWAY, LAMARR V. 2248 DELTON CT Westland, MI 48186</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1168	Priority creditor's name and mailing address <b>HOLM, CIERRA A. 1585 10TH ST. Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1169	Priority creditor's name and mailing address <b>Holmes, Kenneth B. 7 Craigcrest Place Kansas City, KS 66101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1170	Priority creditor's name and mailing address <b>HOLMES, NATALIE A. 17838 168TH ST Basehor, KS 66007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1171	Priority creditor's name and mailing address <b>HOLT, JONATHAN</b> <b>23 VIEWCREST DR</b> <b>Kansas City, KS 66101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1172	Priority creditor's name and mailing address <b>Holt, Mickaela K.</b> <b>5820 73rd Avenue N. #215</b> <b>Brooklyn Park, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1173	Priority creditor's name and mailing address <b>HOLTAM, CHRISTOPHER</b> <b>2329 44th st</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1174	Priority creditor's name and mailing address <b>Honeycutt, Alyssa A.</b> <b>1959 24th Street</b> <b>Utica, MI 48316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1175	Priority creditor's name and mailing address <b>HOOD, KAYLA</b> <b>29444 BARTON</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1176	Priority creditor's name and mailing address <b>Hood, Nicole</b> <b>9019 Beatrice</b> <b>Livonia, MI 48150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1177	Priority creditor's name and mailing address <b>HOOK, CORY L.</b> <b>503 EAST SOUTH ST.</b> <b>Geneseo, IL 61254</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1178	Priority creditor's name and mailing address <b>HOOVER, STEPHANIE</b> <b>2901 CENTRAL AVE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1179	Priority creditor's name and mailing address <b>HOPKINS, AMBER R.</b> <b>4105 SOUTH HOLBROOK AVE</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1180	Priority creditor's name and mailing address <b>HOPSON, NYA M.</b> <b>5624 LIVINGSTON TERRACE</b> <b>101</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1181	Priority creditor's name and mailing address <b>HORAK, MAKENZIE S.</b> <b>130 JACOLYN DR SW</b> <b>11</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1182	Priority creditor's name and mailing address <b>HORTON, JENNIFER L.</b> <b>3076 White Oak Drive</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756		
2.1183	Priority creditor's name and mailing address <b>HOSKINS, TRACY</b> <b>8680 MARIGOLD CIRCLE</b> <b>215</b> <b>Eden Prairie, MN 55344</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1184	Priority creditor's name and mailing address <b>Hough, Danielle N.</b> <b>2536 Emerson Ave</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1185	Priority creditor's name and mailing address <b>HOULIHAN, SHARON</b> <b>2730 ELDON AVE</b> <b>Maryland Heights, MO 63043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1186	Priority creditor's name and mailing address <b>HOULIHAN, SHARON</b> <b>64 MILLER AVE SW APT</b> <b>Apt 9</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.1187	Priority creditor's name and mailing address <b>HOUSE, HANNAH E.</b> <b>1724 85TH AVE WEST</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1188	Priority creditor's name and mailing address <b>HOUSE, SPENCER K.</b> <b>1724 85 AVE W</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1189	Priority creditor's name and mailing address <b>HOWARD, DANNY W.</b> <b>1218 ADAMS STREET</b> <b>Davenport, IA 52803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1190	Priority creditor's name and mailing address <b>Howard, Dionna S.</b> <b>822 Barnaby Street SE Apt. 204</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1191	Priority creditor's name and mailing address <b>Howell, Samuel R.</b> <b>1809 Blue Springs Ct</b> <b>Franklin, TN 37069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1192	Priority creditor's name and mailing address <b>HRUSKA, MERCEDES</b> <b>6770 MARILYN DR</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1193	Priority creditor's name and mailing address <b>HUERTA, CIRILO</b> <b>5 S 624 Vest Ave</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1194	Priority creditor's name and mailing address <b>HUERTA, LEONARDO</b> <b>3S268 TWIN PINE DR</b> <b>Warrenville, IL 60555</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1195	Priority creditor's name and mailing address <b>HUESTIS, SHILOH</b> <b>702 SW 2ND ST</b> <b>Madison, SD 57042</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1196	Priority creditor's name and mailing address <b>HUFF, JANCILYN R.</b> <b>960 Cypress Rd</b> <b>213</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1197	Priority creditor's name and mailing address <b>Huff, Michael</b> <b>2730 N. 47th Terrace</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1198	Priority creditor's name and mailing address <b>HUFFER, DEREK D.</b> <b>1528 Saratoga Lane</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1199	Priority creditor's name and mailing address <b>Hughes, Kathi J.</b> <b>5676 S 980 E</b> <b>Wolcottville, IN 46795</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1200	Priority creditor's name and mailing address <b>HUGHES, MARGARET G.</b> <b>8909 DUNE CREEK COVE</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1201	Priority creditor's name and mailing address <b>Hughes, Sean T.</b> <b>529 Limerick Way</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1202	Priority creditor's name and mailing address <b>HULLINGER, ARDESSA</b> <b>1234 N ST. SW</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1203	Priority creditor's name and mailing address <b>HUMMER, ALEXIS G.</b> <b>3907 KIMBERTON DR</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1204	Priority creditor's name and mailing address <b>HUMMER, KALIEGH B.</b> <b>1966 ROSE ARBOR</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1205	Priority creditor's name and mailing address <b>HUNT, MICHAEL</b> <b>3254 WESTDALE CT.</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1206	Priority creditor's name and mailing address <b>HUNT, SYDNEE D.</b> <b>5701 Lillibridge Street Apt 9</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1207	Priority creditor's name and mailing address <b>HURTADO, MIGUEL</b> <b>430 Wilmer Meadow Drive</b> <b>Wentzville, MO 63385</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1208	Priority creditor's name and mailing address <b>HUTCHINS, SEAN M.</b> <b>813 W. St. James St.</b> <b>Peoria, IL 61601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1209	Priority creditor's name and mailing address <b>HYBERTSON, SANDRA</b> <b>307 GRAND AVE</b> <b>Harrisburg, SD 57032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1210	Priority creditor's name and mailing address <b>HYDUK, ISAAC T.</b> <b>25855 SLY FOX COURT</b> <b>South Bend, IN 46628</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1211	Priority creditor's name and mailing address <b>IBARRA, ALEXUS M.</b> <b>1841 39TH ST S</b> <b>204</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1212	Priority creditor's name and mailing address <b>ICHIKAWA, MAUREEN Y.</b> <b>11901 CENTRAL PARK WAY</b> <b>2223</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1213	Priority creditor's name and mailing address <b>IDEHEN, KEVIN</b> <b>15514 WHITEHALL LANE</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1214	Priority creditor's name and mailing address <b>IGBONEGUN, AYORINDE</b> <b>1106 W CENTRE ST</b> <b>Springfield, IL 62704</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1215	Priority creditor's name and mailing address <b>INFANZON, MARTHA DEL CARMEN</b> <b>3575 LEXINGTON AVE</b> <b>102</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1216	Priority creditor's name and mailing address <b>INMAN, ERIK A.</b> <b>116 SUN VALLEY CT</b> <b>B4</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1217	Priority creditor's name and mailing address <b>INNES, JOHN</b> <b>11533 RIVER HILLS DRIVE</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1218	Priority creditor's name and mailing address <b>INNES, MEGAN E.</b> <b>11533 RIVER HILLS DR</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756		
2.1219	Priority creditor's name and mailing address <b>ISAAC, SABRINA L.</b> <b>841 JEANETTE AVE</b> <b>Steubenville, OH 43952</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1220	Priority creditor's name and mailing address <b>ISDALE, JENNIFER M.</b> <b>482 N AUSTIN BLVD</b> <b>#3</b> <b>Oak Park, IL 60302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1221	Priority creditor's name and mailing address <b>ISLAS-GOMEZ, JUAN C.</b> <b>3439 IVY LN.</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1222	Priority creditor's name and mailing address <b>IVEY, ANAYSIA</b> <b>4322 Georgia Ave</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.1223	Priority creditor's name and mailing address <b>IVEZIC, LUC</b> <b>3531 DU PON DRIVE</b> <b>Sterling Heights, MI 48310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1224	Priority creditor's name and mailing address <b>Iyoda, Hiromi</b> <b>1703 E Avenue NE #1</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1225	Priority creditor's name and mailing address <b>JACKELEN, STEVEN</b> <b>9965 ALABAMA ROAD</b> <b>Minneapolis, MN 55438</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1226	Priority creditor's name and mailing address <b>JACKSON, DAIJHA</b> <b>6609 CAPTAIN JOHNS CT</b> <b>Bryans Road, MD 20616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1227	Priority creditor's name and mailing address <b>JACKSON, FANTASIA</b> <b>5500 AMBERVIEW CT</b> <b>Manassas, VA 20112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1228	Priority creditor's name and mailing address <b>JACKSON, KAALA</b> <b>6602 HAZELHATCH DRIVE</b> <b>Indianapolis, IN 46268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1229	Priority creditor's name and mailing address <b>JACKSON, KEATON D.</b> <b>6206 S AVALON AVE</b> <b>115</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1230	Priority creditor's name and mailing address <b>Jackson, Kenneth E.</b> <b>353 Perry Square #353</b> <b>Kansas City, KS 66101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1231	Priority creditor's name and mailing address <b>Jackson, Kevin A.</b> <b>4301 Midtown Square #2028</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1232	Priority creditor's name and mailing address <b>JACKSON, MIKAYLA M.</b> <b>19616 BLUEJAY TRAIL</b> <b>Lawson, MO 64062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1233	Priority creditor's name and mailing address <b>JACKSON, SYDNEY N.</b> <b>3656 RIVARD ST</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1234	Priority creditor's name and mailing address <b>JACOMET, MICHAEL W.</b> <b>4708 W 15TH PL</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Name

Case number (if known)

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2.1235 Priority creditor's name and mailing address

**JAEGER, CRYSTAL  
2012 S BARRET PL  
Sioux Falls, SD 57106**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1236 Priority creditor's name and mailing address

**JAIMES, LUIS  
10044 HOLLY LN  
1S  
Des Plaines, IL 60016**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1237 Priority creditor's name and mailing address

**JALLAH, HORACE  
8350 EP TRUE PKWY  
4304  
West Des Moines, IA 50266**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1238 Priority creditor's name and mailing address

**JAMES, CINTIA  
4075 LANCASTER LANE  
Apt 2  
Minneapolis, MN 55441**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	Name	Case number (if known)	19-43756
2.1239	Priority creditor's name and mailing address <b>JAMES, KATELYN D.</b> <b>1029 W ROSE ST</b> <b>South Bend, IN 46616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1240	Priority creditor's name and mailing address <b>JANSEN, ALLISON</b> <b>8100 COMMONS PL</b> <b>Apt 7</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1241	Priority creditor's name and mailing address <b>JANSEN, JEREMY P.</b> <b>2748 E.53RD ST.</b> <b>Apt 6</b> <b>Davenport, IA 52807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1242	Priority creditor's name and mailing address <b>Janssen, Alyssa M.</b> <b>1130 Northview Drive</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1243	Priority creditor's name and mailing address <b>JANSSEN, ELLIOT</b> <b>11218 DECATUR PLAZA</b> <b>Unit 212</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1244	Priority creditor's name and mailing address <b>JANSSEN, JOSHUA J.</b> <b>727 5TH AVE SOUTH</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1245	Priority creditor's name and mailing address <b>JARQUIN, EDUARDO</b> <b>201 W 92ND ST</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1246	Priority creditor's name and mailing address <b>JARRETT, MARA A.</b> <b>102 CHERRINGTON COURT</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1247	Priority creditor's name and mailing address <b>Jasper, Grace</b> <b>2241 Bellevue Avenue</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1248	Priority creditor's name and mailing address <b>Jasso, Monica</b> <b>1705 W. Victoria Dr. #103</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1249	Priority creditor's name and mailing address <b>JASTAL, JOSHUA D.</b> <b>1844 EDGEWOOD DRIVE</b> <b>Twinsburg, OH 44087</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1250	Priority creditor's name and mailing address <b>JAUREGUI, PATRICIA D.</b> <b>4622 BRANDT CT</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1251	Priority creditor's name and mailing address <b>JAVA, FRANCISCO</b> <b>728 E. 78TH ST #103</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1252	Priority creditor's name and mailing address <b>JEFFERSON, DOMINIQUE</b> <b>1100 FIELD</b> <b>Detroit, MI 48214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1253	Priority creditor's name and mailing address <b>JELKS, JESSICA</b> <b>8154 HUNTINGTON STREET</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1254	Priority creditor's name and mailing address <b>Jenkins, Ronald I.</b> <b>1912 Grandview</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1255	Priority creditor's name and mailing address <b>JENKINS, RYAN</b> <b>301 DORCHESTER AVE</b> <b>62</b> <b>La Plata, MD 20646</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1256	Priority creditor's name and mailing address <b>Jennings, Tyrone</b> <b>1804 N. 91st</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1257	Priority creditor's name and mailing address <b>JENSEN, ARIA M.</b> <b>5323 North Gains Street</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1258	Priority creditor's name and mailing address <b>Jensen, Austyn</b> <b>7014 North Nodaway Avenue</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1259	Priority creditor's name and mailing address <b>JENSEN, KIMBERLY R.</b> <b>436 WILD OAK DRIVE</b> <b>O Fallon, MO 63368</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1260	Priority creditor's name and mailing address <b>JENSEN, KIRJA R.</b> <b>4919 W ST JSTREET</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1261	Priority creditor's name and mailing address <b>JERRICK, HEATHER A.</b> <b>14454 SAINT LOUIS AVE</b> <b>Midlothian, IL 60445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1262	Priority creditor's name and mailing address <b>JETER, MADDISON</b> <b>2004 FONDULAC DR</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1263	Priority creditor's name and mailing address <b>JIMENEZ HUATO, RENATA</b> <b>6121 65TH AVE. N</b> <b>201</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1264	Priority creditor's name and mailing address <b>JIMENEZ, ARNULFO</b> <b>1415 DUNWOODY AVENUE</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1265	Priority creditor's name and mailing address <b>Jimenez, Mirian</b> <b>3303 Southgate Drive</b> <b>Apt 202</b> <b>Alexandria, VA 22306</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1266	Priority creditor's name and mailing address <b>JIMENEZ, YADIRA L.</b> <b>27300 FRANKLIN RD APT E600</b> <b>Southfield, MI 48034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1267	Priority creditor's name and mailing address <b>JIMERSON, KELLY</b> <b>11304 Seattle Slew Dr.</b> <b>Noblesville, IN 46060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1268	Priority creditor's name and mailing address <b>JIN, EUBIN A.</b> <b>5508 FISHER ROAD</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1269	Priority creditor's name and mailing address <b>JOE, JESSICA N.</b> <b>16532 PINEHURST</b> <b>Detroit, MI 48221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1270	Priority creditor's name and mailing address <b>Johel, Martinez</b> <b>933 White Oak Drive</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1271	Priority creditor's name and mailing address <b>JOHNSON, AEON</b> <b>4265 NASH ST NE</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1272	Priority creditor's name and mailing address <b>JOHNSON, ALEXANDER</b> <b>28865 STATE HWY 210</b> <b>Aitkin, MN 56431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1273	Priority creditor's name and mailing address <b>JOHNSON, ALEXANDRA</b> <b>1806 N COURT ST</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1274	Priority creditor's name and mailing address <b>JOHNSON, ALYSSA M.</b> <b>7400 74TH AVENUE N</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1275	Priority creditor's name and mailing address <b>JOHNSON, ANTHONY</b> <b>3541 NW 194 ST.</b> <b>Opa Locka, FL 33056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1276	Priority creditor's name and mailing address <b>JOHNSON, BENJAMIN L.</b> <b>218 19 1/2 AVE NORTH</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1277	Priority creditor's name and mailing address <b>JOHNSON, BRANDY</b> <b>84 BASALT DRIVE</b> <b>Fredericksburg, VA 22406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1278	Priority creditor's name and mailing address <b>JOHNSON, BRIAN C.</b> <b>16121 Logarto Lane</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1279	Priority creditor's name and mailing address <b>JOHNSON, BROOKE</b> <b>4365 MILL POND DRIVE</b> <b>Troy, MI 48085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1280	Priority creditor's name and mailing address <b>JOHNSON, CHRISTOPHER</b> <b>4217 SHERMEON ST NE</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1281	Priority creditor's name and mailing address <b>JOHNSON, DARYL G.</b> <b>11377 TOLKIEN AVENUE</b> <b>White Plains, MD 20695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1282	Priority creditor's name and mailing address <b>Johnson, Dominique</b> <b>3600 Parkway Terrace Drive #8</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1283	Priority creditor's name and mailing address <b>JOHNSON, ERIKA</b> <b>311 PLEASANT AVENUE</b> <b>415</b> <b>Saint Paul, MN 55102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1284	Priority creditor's name and mailing address <b>JOHNSON, GARRETT P.</b> <b>4062 RENN HART HILLS</b> <b>Loves Park, IL 61111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1285	Priority creditor's name and mailing address <b>JOHNSON, JAMZ K.</b> <b>2895 HAWK RIDGE RD</b> <b>Prior Lake, MN 55372</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1286	Priority creditor's name and mailing address <b>JOHNSON, JORDON T.</b> <b>3608 CALDERWOOD DRIVE</b> <b>Rockford, IL 61114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1287	Priority creditor's name and mailing address <b>JOHNSON, KYLE J.</b> <b>1111 W MINNEHAHA AVE</b> <b>Apt 6</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1288	Priority creditor's name and mailing address <b>Johnson, Kyle J.</b> <b>1601 Hood Road, Apt. 24</b> <b>Sacramento, CA 95825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1289	Priority creditor's name and mailing address <b>JOHNSON, LEAH</b> <b>P.O. Box 182</b> <b>Lacon, IL 61540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1290	Priority creditor's name and mailing address <b>JOHNSON, LISA</b> <b>11711 BRUNSWICK AVE</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1291	Priority creditor's name and mailing address <b>JOHNSON, LNAYA R.</b> <b>13813 STROH CT</b> <b>Accokeek, MD 20607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1292	Priority creditor's name and mailing address <b>JOHNSON, MARCUS B.</b> <b>2721 CEDAR STREET</b> <b>Unit 306</b> <b>Norwalk, IA 50211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1293	Priority creditor's name and mailing address <b>JOHNSON, MARCUS B.</b> <b>633 Canterbury Place</b> <b>Norwalk, IA 50211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1294	Priority creditor's name and mailing address <b>JOHNSON, MATT</b> <b>370 TROMBLEY</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1295	Priority creditor's name and mailing address <b>JOHNSON, NICHOLAS C.</b> <b>4743 70TH PL</b> <b>Urbandale, IA 50322</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1296	Priority creditor's name and mailing address <b>JOHNSON, ORLANDO</b> <b>1881 SHERWOOD AVE</b> <b>Saint Paul, MN 55119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1297	Priority creditor's name and mailing address <b>JOHNSON, SARAH</b> <b>105 NAPLES DR</b> <b>Elyria, OH 44035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1298	Priority creditor's name and mailing address <b>JOHNSON, SHEKINAH L.</b> <b>5653 FORDHAM CIRCLE</b> <b>Canton, MI 48187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1299	Priority creditor's name and mailing address <b>JOHNSON, TASHAYLA</b> <b>6509 MARSOL RD</b> <b>718</b> <b>Cleveland, OH 44124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1300	Priority creditor's name and mailing address <b>Johnson, Tonya</b> <b>7850 Everett Avenue #7</b> <b>Kansas City, KS 66112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1301	Priority creditor's name and mailing address <b>JOHNSON, VAUNECHIO</b> <b>5615 OLD DOVER</b> <b>Apt 4</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1302	Priority creditor's name and mailing address <b>JOHNSON-REEVES, SOLOMON</b> <b>8405 SWEENEY DRIVE</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1303	Priority creditor's name and mailing address <b>Johnston, Micah</b> <b>5528 Pershing Ave</b> <b>Apt 505</b> <b>Saint Louis, MO 63112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1304	Priority creditor's name and mailing address <b>JONASON, LACHLYN M.</b> <b>317 CAZINOVE ST.</b> <b>Perley, MN 56574</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1305	Priority creditor's name and mailing address <b>JONES JR, RODNEY L.</b> <b>2515 W. WESTPORT RD</b> <b>2C</b> <b>Peoria, IL 61615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1306	Priority creditor's name and mailing address <b>JONES, ALEX</b> <b>767 LINCOLN ST</b> <b>Anoka, MN 55303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1307	Priority creditor's name and mailing address <b>JONES, CAMERON</b> <b>26433 SOLON RD</b> <b>702</b> <b>Bedford, OH 44146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1308	Priority creditor's name and mailing address <b>JONES, CHARIS J.</b> <b>2000 CHITA CT</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1309	Priority creditor's name and mailing address <b>JONES, CRYSTAL M.</b> <b>6246 N 155TH ST</b> <b>Omaha, NE 68116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1310	Priority creditor's name and mailing address <b>JONES, GREGORY M.</b> <b>713 SW 28TH ST</b> <b>101</b> <b>Ankeny, IA 50023</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1311	Priority creditor's name and mailing address <b>JONES, LAVELL</b> <b>183 SOUTH BELVOIR</b> <b>Cleveland, OH 44121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1312	Priority creditor's name and mailing address <b>JONES, NYIEKA</b> <b>3402 CURTIS DRIVE</b> <b>33</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1313	Priority creditor's name and mailing address <b>JONES, ROBIN P.</b> <b>5601 NANNIE BURROUGHS AVE.</b> <b>NE</b> <b>103</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1314	Priority creditor's name and mailing address <b>JONES, TITO S.</b> <b>16621 W 139TH ST</b> <b>423</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1315	Priority creditor's name and mailing address <b>JONES, TOSHIRO</b> <b>10504 TERRACO TERRACE</b> <b>Cheltenham, MD 20623</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1316	Priority creditor's name and mailing address <b>Jones-Camp, Noel</b> <b>4552 Russell Avenue N.</b> <b>Minneapolis, MN 55412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1317	Priority creditor's name and mailing address <b>JORDAN, ANNA</b> <b>2807 N. ZENITH AVE.</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1318	Priority creditor's name and mailing address <b>Jordan, Christopher L.</b> <b>208 Emerald Hill</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1319	Priority creditor's name and mailing address <b>JORDAN, JOSEPH T.</b> <b>534 E LOULA ST</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1320	Priority creditor's name and mailing address <b>JORDING, DESTINY</b> <b>2736 COUNTY RD. 600 N</b> <b>El Paso, IL 61738</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1321	Priority creditor's name and mailing address <b>JOSEPH, DANIELLE G.</b> <b>200 HILL ROAD</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1322	Priority creditor's name and mailing address <b>JOSEPHSON, EMILY N.</b> <b>845 CURRY TRAIL</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1323	Priority creditor's name and mailing address <b>JOYCE, BARBARA A.</b> <b>2361 BICENTENNIAL AV</b> <b>Crest Hill, IL 60403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1324	Priority creditor's name and mailing address <b>JUAN, MARON JUDE</b> <b>1930 E 86TH ST</b> <b>Apt 313</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1325	Priority creditor's name and mailing address <b>JUAREZ, JASMIN I.</b> <b>711 LARSEN AVE</b> <b>Streamwood, IL 60107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1326	Priority creditor's name and mailing address <b>Juarez, Tomas L.</b> <b>505 Piccadylly #151</b> <b>Antioch, TN 37013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1327	Priority creditor's name and mailing address <b>JULO, CAROL A.</b> <b>7612 KING ST.</b> <b>Apt A</b> <b>Overland Park, KS 66214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1328	Priority creditor's name and mailing address <b>JUMPS, KACI M.</b> <b>1601 R STREET</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1329	Priority creditor's name and mailing address <b>JURAKOBILOV, JASURBEK R.</b> <b>910 PALMER ROAD</b> <b>11</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1330	Priority creditor's name and mailing address <b>JURMU, JON</b> <b>200 5TH AVE N</b> <b>208</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1331	Priority creditor's name and mailing address <b>KALAMA, MAKAYLA K.</b> <b>1315 N 110TH PLAZA</b> <b>709</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1332	Priority creditor's name and mailing address <b>KALLISH, JAMES R.</b> <b>5820 OAKWOOD DR</b> <b>Unit 2A</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1333	Priority creditor's name and mailing address <b>KAMEL, NICOLE R.</b> <b>27142 Lorraine</b> <b>Warren, MI 48093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1334	Priority creditor's name and mailing address <b>KAPLAN, DANIEL</b> <b>732 18TH STREET</b> <b>106</b> <b>Des Moines, IA 50317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1335	Priority creditor's name and mailing address <b>KAROVIC, ALEXIS M.</b> <b>2324 48TH ST NE</b> <b>Canton, OH 44705</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1336	Priority creditor's name and mailing address <b>KASPER, CRYSTAL</b> <b>9580 Zircon Ct N</b> <b>Osseo, MN 55311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1337	Priority creditor's name and mailing address <b>Kasun, Maria</b> <b>1040 Y Street #301</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1338	Priority creditor's name and mailing address <b>KEEHN, ALEXANDER</b> <b>404 N DOMINIC AVE</b> <b>Sioux Falls, SD 57107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1339	Priority creditor's name and mailing address <b>KEEN, AMY L.</b> <b>3876 Melby Ave.</b> <b>Saint Michael, MN 55376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1340	Priority creditor's name and mailing address <b>KEEN, JOSHUA C.</b> <b>3876 Melby Ave</b> <b>Saint Michael, MN 55376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1341	Priority creditor's name and mailing address <b>KEISLER, EMILY</b> <b>3240 OSWEGO AVE</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1342	Priority creditor's name and mailing address <b>KEKUINE, SHELSA</b> <b>10118 CAMPUS WAY S</b> <b>Apt 102</b> <b>Upper Marlboro, MD 20774</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
Name			

  

2.1343	Priority creditor's name and mailing address <b>KELASH, BROOKLYN</b> <b>1405 12TH AVENUE N</b> <b>103</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1344	Priority creditor's name and mailing address <b>KELLEHER, DESTINY</b> <b>5400 HIGHLAND CT.</b> <b>Crestwood, IL 60418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1345	Priority creditor's name and mailing address <b>KELLER, KEVIN A.</b> <b>513 N 10th Street</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1346	Priority creditor's name and mailing address <b>KEMPTON, MORGAN L.</b> <b>424 11TH ST. S.</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1347	Priority creditor's name and mailing address <b>KENDALL, WILLIAM</b> <b>138 S CEDAR ST</b> <b>Palatine, IL 60067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1348	Priority creditor's name and mailing address <b>KENNEDY, SARAH</b> <b>929 W DEERBROOK DR</b> <b>Peoria, IL 61615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1349	Priority creditor's name and mailing address <b>Kennelly, Logan T.</b> <b>947 Cooper Court</b> <b>Elk Grove Village, IL 60007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1350	Priority creditor's name and mailing address <b>Kenney, Taronica A.</b> <b>3519 Minnesota Avenue SE #301</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1351	Priority creditor's name and mailing address <b>KENNY, JOSEPH</b> <b>5823 SOUTH 100TH PLZ</b> <b>3B</b> <b>Omaha, NE 68127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1352	Priority creditor's name and mailing address <b>KEON, ROBERT M.</b> <b>12318 S MULLEN CT</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1353	Priority creditor's name and mailing address <b>KEON, STACIE L.</b> <b>12318 S. MULLEN CT.</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1354	Priority creditor's name and mailing address <b>KEPCHAR, STEPHANIE D.</b> <b>5811 ALLANWOOD DR</b> <b>Cleveland, OH 44129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
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2.1355	Priority creditor's name and mailing address <b>KERR, JACQUELINE</b> <b>5055 W AGATITE AVE</b> <b>Apt 1</b> <b>Chicago, IL 60630</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1356	Priority creditor's name and mailing address <b>KERSEY, ANDREA G.</b> <b>1522 Prather Avenue</b> <b>Saint Louis, MO 63139</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1357	Priority creditor's name and mailing address <b>KESS, AUTI M.</b> <b>9300 S 29TH ST</b> <b>Lincoln, NE 68515</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1358	Priority creditor's name and mailing address <b>KETELBOETER, SYDNEY</b> <b>1201 Wenton Drive</b> <b>Chisholm, MN 55719</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1359	Priority creditor's name and mailing address <b>KIMBALL, ANDREW J.</b> <b>2192 LEXINGTON AVE N</b> <b>12</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1360	Priority creditor's name and mailing address <b>KINCHELOE, JARED</b> <b>3905 PINE TREE DR</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1361	Priority creditor's name and mailing address <b>KING, ANDRE</b> <b>17780 SW 103 AVE.</b> <b>Miami, FL 33157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1362	Priority creditor's name and mailing address <b>King, Ellyn K.</b> <b>4045 Mohawk Street</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1363	Priority creditor's name and mailing address <b>King, Mikayla N.</b> <b>2024 1/2 N. Westwood Avenue</b> <b>Toledo, OH 43607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1364	Priority creditor's name and mailing address <b>KING, NEAL</b> <b>3627 YORKTOWN DRIVE</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1365	Priority creditor's name and mailing address <b>KING, RANDOLPH E.</b> <b>1213 CRISFIELD DR.</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1366	Priority creditor's name and mailing address <b>KINNEY, CAITLYN C.</b> <b>950 67TH ST</b> <b>220</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1367	Priority creditor's name and mailing address <b>KINSELLA, MARIN</b> <b>1301 ARROWHEAD DR</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1368	Priority creditor's name and mailing address <b>Kinsman, Kelly</b> <b>225 William St</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1369	Priority creditor's name and mailing address <b>Kinzey, James J.</b> <b>28219 Hughes St</b> <b>Saint Clair Shores, MI 48081</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1370	Priority creditor's name and mailing address <b>KIPPER, CARL</b> <b>518 WEST 61ST STREET</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1371	Priority creditor's name and mailing address <b>KIPPER, CARLTON R.</b> <b>518 WEST 61ST STREET</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1372	Priority creditor's name and mailing address <b>KIRK, JALEN</b> <b>50 RIVERSIDE RUN DR</b> <b>Indian Head, MD 20640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1373	Priority creditor's name and mailing address <b>KIRKLAND Jr., DAVID N.</b> <b>2914 Sandy Hallow Rd</b> <b>Apt 4</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1374	Priority creditor's name and mailing address <b>KIRKWOOD, VALERIE D.</b> <b>2177 KINGSTON DR</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1375	Priority creditor's name and mailing address <b>KISELSTEIN, BRIAN J.</b> <b>900 E WILMETTE RD</b> <b>220</b> <b>Palatine, IL 60074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1376	Priority creditor's name and mailing address <b>KITREL, EUGENE</b> <b>1395 NE 33 Avenue #107</b> <b>Homestead, FL 33033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1377	Priority creditor's name and mailing address <b>KIVI, MEGANN M.</b> <b>2061 SHEPARD ROAD</b> <b>207</b> <b>Saint Paul, MN 55116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1378	Priority creditor's name and mailing address <b>KLAK, LEA</b> <b>594 ROLLING BROOKE WAY</b> <b>Northfield, OH 44067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1379	Priority creditor's name and mailing address <b>KLEIN, STEVE</b> <b>33556 GROTH DR</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1380	Priority creditor's name and mailing address <b>KLEIN, TINA M.</b> <b>9595 HAVLET RD NW</b> <b>Rice, MN 56367</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1381	Priority creditor's name and mailing address <b>KLEND, JACOB</b> <b>4818 NORESTON ST</b> <b>Shawnee, KS 66226</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1382	Priority creditor's name and mailing address <b>KLING, MOLLY J.</b> <b>1709 35TH ST S</b> <b>Unit 211</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1383	Priority creditor's name and mailing address <b>KLING, MOLLY J.</b> <b>1864 S. 39th Street #206</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1384	Priority creditor's name and mailing address <b>Klockner, Halle</b> <b>37680 Northland Street</b> <b>Livonia, MI 48152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1385	Priority creditor's name and mailing address <b>KNIGHT, BRENELLE M.</b> <b>11709 LONG LEAF CIRCLE</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1386	Priority creditor's name and mailing address <b>Knight, Robert F.</b> <b>200 Boyd Lane, #205</b> <b>Oakdale, PA 15071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1387	Priority creditor's name and mailing address <b>KNOBLOCK, SAMANTHA</b> <b>5938 STUMPH ROAD</b> <b>204</b> <b>Cleveland, OH 44130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1388	Priority creditor's name and mailing address <b>KNOX, LOUIS A.</b> <b>10994 Isanti Ct NE</b> <b>Minneapolis, MN 55449</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1389	Priority creditor's name and mailing address <b>Koball, JAMIE L.</b> <b>2207 S. 1st Ave</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1390	Priority creditor's name and mailing address <b>KOBLE, MORGAN</b> <b>3201 45TH AVE SOUTH</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1391	Priority creditor's name and mailing address <b>KOCH, CHRIS</b> <b>1732 Whispering Pines Court SW</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1392	Priority creditor's name and mailing address <b>KOCH, CHRIS</b> <b>1732 Whispering Pines Court SW</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1393	Priority creditor's name and mailing address <b>KOLKOSKI, BREEZY R.</b> <b>7209 N NEVADA AVE</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1394	Priority creditor's name and mailing address <b>KOLKOSKI, BRIELLE J.</b> <b>7209 N NEVADA AVE</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1395	Priority creditor's name and mailing address <b>KONG, NYAKEK</b> <b>4620 E 54TH ST</b> <b>129</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1396	Priority creditor's name and mailing address <b>KONONENKO, NATALIYA V.</b> <b>9280 UNIVERSITY AVE NW</b> <b>356</b> <b>Minneapolis, MN 55448</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1397	Priority creditor's name and mailing address <b>KOPIECKI, MADELINE R.</b> <b>1548 VAN BUREN AVE</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1398	Priority creditor's name and mailing address <b>KOPKE, AAYLAH R.</b> <b>6970 S 145 E</b> <b>Wolcottville, IN 46795</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1399	Priority creditor's name and mailing address <b>KOPNICK, ANDREW S.</b> <b>1109 7TH ST S</b> <b>B308</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1400	Priority creditor's name and mailing address <b>Kopp, Alexis C.</b> <b>1030 University Drive N.</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1401	Priority creditor's name and mailing address <b>KOPPANG, KATIE</b> <b>150 14th Ave. S.</b> <b>South Saint Paul, MN 55075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1402	Priority creditor's name and mailing address <b>KOPPERUD, JENNIFER L.</b> <b>1339 12TH AVE S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1403	Priority creditor's name and mailing address <b>KORAIIDO, MADELINE</b> <b>538 Millers Run Road Apt. 1</b> <b>Morgan, PA 15064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1404	Priority creditor's name and mailing address <b>KORDALSKI, KEVIN M.</b> <b>750 CHENE ST.</b> <b>1405</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1405	Priority creditor's name and mailing address <b>KORECKI, JAKE R.</b> <b>23833 BATTELLE</b> <b>Hazel Park, MI 48030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1406	Priority creditor's name and mailing address <b>KORMANIK, LUKE</b> <b>5204 15TH AVE S</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1407	Priority creditor's name and mailing address <b>KOSLOSKI, HANNAH</b> <b>901 8TH ST S</b> <b>Moorhead, MN 56562</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1408	Priority creditor's name and mailing address <b>KOUSTRUP, MICHAEL J.</b> <b>3927 88th Ave. NE</b> <b>Circle Pines, MN 55014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1409	Priority creditor's name and mailing address <b>KOWALSKI, KELSEY J.</b> <b>948 Thomas Ave. W</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1410	Priority creditor's name and mailing address <b>KOZEL, DANIELLA M.</b> <b>1818 BUCKINGHAM RD</b> <b>Mundelein, IL 60060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1411	Priority creditor's name and mailing address <b>KOZLOWSKI, ALEXIS</b> <b>3709 ORIOLE LN</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1412	Priority creditor's name and mailing address <b>KRAFT, TYLER J.</b> <b>2909 10TH AVE N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1413	Priority creditor's name and mailing address <b>Krazel, Seth J.</b> <b>21326 Randall St.</b> <b>Farmington, MI 48336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1414	Priority creditor's name and mailing address <b>KREJCI, JORDYN J.</b> <b>3418 WESTGATE</b> <b>Omaha, NE 68124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1415	Priority creditor's name and mailing address <b>KREPFLE, SADIE (SARAH) K.</b> <b>865 Bentley Drive Unit 9</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1416	Priority creditor's name and mailing address <b>Kringen, Barrett A.</b> <b>4022 18th Avenue S. #107</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1417	Priority creditor's name and mailing address <b>KRUPKO, PAUL</b> <b>2751 DEER CREEK TRAIL</b> <b>Urbandale, IA 50323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1418	Priority creditor's name and mailing address <b>KRUSE, JACOB</b> <b>1509 Marshall St</b> <b>Boone, IA 50036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1419	Priority creditor's name and mailing address <b>KUBALA, EILEEN R.</b> <b>8500 HERON AVE SOUTH</b> <b>Cottage Grove, MN 55016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1420	Priority creditor's name and mailing address <b>KUHLMEY, JANESEA J.</b> <b>805 9TH STREET SOUTH</b> <b>Avon, MN 56310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1421	Priority creditor's name and mailing address <b>KUHNEN, WENDI A.</b> <b>103 OSPREY RIDGE</b> <b>Machesney Park, IL 61115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1422	Priority creditor's name and mailing address <b>KULASA, JOHN</b> <b>14258 PERSELL</b> <b>Sterling Heights, MI 48313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1423	Priority creditor's name and mailing address <b>KUMPF, JACKSON</b> <b>122 N 34TH STREET</b> <b>Omaha, NE 68131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1424	Priority creditor's name and mailing address <b>KUPSCH, KEVIN D.</b> <b>315 4TH AVE S</b> <b>203</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1425	Priority creditor's name and mailing address <b>KURTH, GARY</b> <b>1500 LASALLE AVE</b> <b>Apt 508</b> <b>Minneapolis, MN 55403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1426	Priority creditor's name and mailing address <b>KURTS, AUBREE</b> <b>217 JENNETTE PL</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1427	Priority creditor's name and mailing address <b>KURTZ, KIMBERLY</b> <b>604 ORCHARD VIEW DRIVE</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1428	Priority creditor's name and mailing address <b>KURTZ, NICHOLAS</b> <b>604 ORCHARD VIEW DRIVE</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1429	Priority creditor's name and mailing address <b>KYM, AIZEN-CHOI</b> <b>966 BUCHANAN ST</b> <b>Fort Wayne, IN 46803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1430	Priority creditor's name and mailing address <b>Kym, Aizen-Choi</b> <b>966 Oaklawn Ct.</b> <b>Fort Wayne, IN 46803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.1431 Priority creditor's name and mailing address

**LABUDA, LAURA A.  
1106 ASHWOOD COURT  
Waite Park, MN 56387**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1432 Priority creditor's name and mailing address

**LACAPRARA, NICOLA  
30936 GRANDVIEW AVE  
Westland, MI 48186**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1433 Priority creditor's name and mailing address

**LACKNER, ANDREA  
6515 LONG AVE  
Shawnee, KS 66216**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.1434 Priority creditor's name and mailing address

**LAFAVE, NICOLE M.  
9757 PLEASANT WAY  
Indianapolis, IN 46280**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1435	Priority creditor's name and mailing address <b>LAGARDA, BERENICE</b> <b>12220 S STRANG LINE CT</b> <b>1302</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1436	Priority creditor's name and mailing address <b>LAGARDA, JENNY</b> <b>12215 STRANG LINE CT</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1437	Priority creditor's name and mailing address <b>LAGUNES, ROSA</b> <b>700 W MEADE BLVD LOT 80</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1438	Priority creditor's name and mailing address <b>LALA, WALTER</b> <b>715 24 AVE NE</b> <b>Minneapolis, MN 55418</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1439	Priority creditor's name and mailing address <b>LAMAR, JEFFREY</b> <b>5725 PILLORY WAY</b> <b>Indianapolis, IN 46268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1440	Priority creditor's name and mailing address <b>LAMERE, TAYLAR</b> <b>19202 HARAPPA AVE.</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1441	Priority creditor's name and mailing address <b>LANDAVERDE, JOSE A.</b> <b>1071 ROCHESTER RD</b> <b>Apt 20</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1442	Priority creditor's name and mailing address <b>LANDESS, BRETTLEY C.</b> <b>14175 IRELAND ROAD</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1443	Priority creditor's name and mailing address <b>LANE, ALEXIS D.</b> <b>9440 SUMAC RD</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1444	Priority creditor's name and mailing address <b>LANE, BIANCA N.</b> <b>9985 LINDA LN.</b> <b>2W</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1445	Priority creditor's name and mailing address <b>LANGE, BRAYDEN A.</b> <b>402 POPLAR COURT</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1446	Priority creditor's name and mailing address <b>LANGE, CARISSA</b> <b>402 POPLAR COURT</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1447	Priority creditor's name and mailing address <b>LANGE, LARA L.</b> <b>941 Whitney Drive</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1448	Priority creditor's name and mailing address <b>LANGELAND, NICOLE C.</b> <b>1970 11TH AVE E</b> <b>Shakopee, MN 55379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1449	Priority creditor's name and mailing address <b>LANGHAM, CHRISTIAN D.</b> <b>1128 OSPREY LANE</b> <b>Nashville, TN 37221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1450	Priority creditor's name and mailing address <b>LANGLAND, DELIA A.</b> <b>3301 HIGHWAY 169 N</b> <b>Unit 316</b> <b>Minneapolis, MN 55441</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1451	Priority creditor's name and mailing address <b>LANGLINAIS, EMILY C.</b> <b>1501 MEREDITH DR</b> <b>2111</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1452	Priority creditor's name and mailing address <b>LANGOSCH, JAIME</b> <b>10633 PENFIELD</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1453	Priority creditor's name and mailing address <b>LAPLANTE, SUMMER R.</b> <b>2735 F STREET APT. 1</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1454	Priority creditor's name and mailing address <b>LARES, GERARDO</b> <b>764 INLAND CIRCLE APT 102</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1455	Priority creditor's name and mailing address <b>LARKIN, ASHLEY J.</b> <b>45723 LAKEVIEW COURT</b> <b>11307</b> <b>Novi, MI 48377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1456	Priority creditor's name and mailing address <b>LARSEN, ANDREW B.</b> <b>8010 NORTH GRANBY AV</b> <b>Apt #2</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1457	Priority creditor's name and mailing address <b>Larson, Ashley N.</b> <b>4433 KELLEEE LN</b> <b>Loves Park, IL 61111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1458	Priority creditor's name and mailing address <b>Larson, Aspen N.</b> <b>6214 15th Street N.</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1459	Priority creditor's name and mailing address <b>LARSON, GRETCHEN A.</b> <b>5217 S. 28TH ST.</b> <b>Omaha, NE 68107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1460	Priority creditor's name and mailing address <b>LARSON, KIRSTEN</b> <b>2908 Kentshire Circle</b> <b>Naperville, IL 60564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1461	Priority creditor's name and mailing address <b>LARSON, PAUL L.</b> <b>15460 108th PI N</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1462	Priority creditor's name and mailing address <b>LARSON, SYDNEY Y.</b> <b>4000 2ND ST S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1463	Priority creditor's name and mailing address <b>LASHAWAY, DREW A.</b> <b>5011 WISSMAN RD</b> <b>Toledo, OH 43615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1464	Priority creditor's name and mailing address <b>LASHAWAY, JAMES M.</b> <b>2047 BRAME PL</b> <b>Toledo, OH 43613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1465	Priority creditor's name and mailing address <b>LASHLEY, CARL B.</b> <b>3200 MCROBERT RD</b> <b>Pittsburgh, PA 15234</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1466	Priority creditor's name and mailing address <b>LASKY, SAMANTHA C.</b> <b>1250 RIDGE RD</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1467	Priority creditor's name and mailing address <b>Lasso, Edward</b> <b>19781 S W 114th Avenue</b> <b>Miami, FL 33157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1468	Priority creditor's name and mailing address <b>LASTER, CAROL A.</b> <b>2 WILLIAMSON STREET</b> <b>Edwardsville, KS 66113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1469	Priority creditor's name and mailing address <b>Latterell, Samantha K.</b> <b>443 Coyote Trail</b> <b>Circle Pines, MN 55014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1470	Priority creditor's name and mailing address <b>LAURENTIUS, SAMANTHA A.</b> <b>8790 BROOKE PARK DR</b> <b>205</b> <b>Canton, MI 48187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1471	Priority creditor's name and mailing address <b>Laurinaitis, Gregory</b> <b>7508 Red Oak Drive</b> <b>Plainfield, IL 60586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1472	Priority creditor's name and mailing address <b>Lavalle, Robert</b> <b>2509 Cobble Hill Ct. Unit L</b> <b>Saint Paul, MN 55125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1473	Priority creditor's name and mailing address <b>LAWHORN, SHAMILA</b> <b>8755 LEMODE COURT</b> <b>#D</b> <b>Indianapolis, IN 46268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1474	Priority creditor's name and mailing address <b>LAWLOR, PATRICK J.</b> <b>4930 DANFORTH DR.</b> <b>Rockford, IL 61114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1475	Priority creditor's name and mailing address <b>LAWSON, ZACHARY M.</b> <b>1013 15TH AVE S</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1476	Priority creditor's name and mailing address <b>LAZARO, HERIBERTO</b> <b>577 PLUM GROVE RD</b> <b>2B</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1477	Priority creditor's name and mailing address <b>LAZARO, RAQUEL</b> <b>1623 B</b> <b>Lincoln, NE 68502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1478	Priority creditor's name and mailing address <b>LEAHY, ASHLEY</b> <b>10932 PIONEER DR</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1479	Priority creditor's name and mailing address <b>LEAHY, MIKE G.</b> <b>10932 PIONEER DR</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1480	Priority creditor's name and mailing address <b>LEAHY, SARAH A.</b> <b>10932 PIONEER DRIVE</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1481	Priority creditor's name and mailing address <b>LEDBETTER, DENNIS</b> <b>9517 49TH PLACE</b> <b>College Park, MD 20740</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1482	Priority creditor's name and mailing address <b>Ledoux, Elizabeth</b> <b>3226 43rd Avenue S.</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1483	Priority creditor's name and mailing address <b>LEE, ALEXIS L.</b> <b>5301 MISTY MORNING DR</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1484	Priority creditor's name and mailing address <b>LEE, ANTHONY M.</b> <b>914 ANNA LIZA ST</b> <b>Pekin, IL 61554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1485	Priority creditor's name and mailing address <b>LEE, LAUREN M.</b> <b>2435 SHARON COURT</b> <b>Naperville, IL 60564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1486	Priority creditor's name and mailing address <b>LEE, WILLIAM</b> <b>8325 MORGAN AVE N.</b> <b>Minneapolis, MN 55444</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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Name			

  

2.1487	Priority creditor's name and mailing address <b>Leffler, Amanda C.</b> <b>5555 North 66th Street</b> <b>Omaha, NE 68104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1488	Priority creditor's name and mailing address <b>LEMA, GISELA</b> <b>9944 SW 224 Street</b> <b>Apt 104</b> <b>Miami, FL 33190</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1489	Priority creditor's name and mailing address <b>LEMKER, LAUREN</b> <b>508 6TH AVE S</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1490	Priority creditor's name and mailing address <b>LEMPKE, DYLAN N.</b> <b>1330 5th Ave S</b> <b>101</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1491	Priority creditor's name and mailing address <b>LENAGHAN, DENISE M.</b> <b>2306 HERITAGE DRIVE</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1492	Priority creditor's name and mailing address <b>Lenear, Dajontae M.</b> <b>1124 Irving Avenue North</b> <b>Minneapolis, MN 55411</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1493	Priority creditor's name and mailing address <b>Lentz, Jolynn C.</b> <b>4997 51st Street S.</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1494	Priority creditor's name and mailing address <b>LEONARD, GRANT W.</b> <b>5472 WILD ROSE LN</b> <b>2207</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1495	Priority creditor's name and mailing address <b>Lerbakken, Alexander J.</b> <b>3350 Adams Street</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1496	Priority creditor's name and mailing address <b>LESDESMAS, CESAR</b> <b>5027 S 20TH ST</b> <b>18</b> <b>Omaha, NE 68107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1497	Priority creditor's name and mailing address <b>LESLIE, NICOLE M.</b> <b>3126 BUSH DR</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1498	Priority creditor's name and mailing address <b>LEWANDOWSKI, DAVID</b> <b>1601 Eagle's Crest Avenue</b> <b>Apt B1</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1499	Priority creditor's name and mailing address <b>LEWIS, DARNELL L.</b> <b>1364 N. Cove Apt. 4</b> <b>Toledo, OH 43606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1500	Priority creditor's name and mailing address <b>LEWIS, JALISA D.</b> <b>21340 WESTHAMPTON</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1501	Priority creditor's name and mailing address <b>Lewis, Katie E.</b> <b>7319 Laurel Ridge Drive</b> <b>Whitehouse, OH 43571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1502	Priority creditor's name and mailing address <b>Lewis, Kenneth S.</b> <b>5841 73rd Avenue No. #151</b> <b>Brooklyn Park, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1503	Priority creditor's name and mailing address <b>LEWIS, TRACEY</b> <b>14126 COYLE ST.</b> <b>Detroit, MI 48227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1504	Priority creditor's name and mailing address <b>LIBBY, BRANDON R.</b> <b>3009 18TH ST S</b> <b>204</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1505	Priority creditor's name and mailing address <b>Licka, Curtis A.</b> <b>35085 Briarwood Drive</b> <b>Warrenville, IL 60555</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1506	Priority creditor's name and mailing address <b>LICON, CHRIS T.</b> <b>2307 W 46TH ST</b> <b>313</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1507	Priority creditor's name and mailing address <b>Liddell, Macenzie</b> <b>100 S. 4th Street W</b> <b>Ada, MN 56510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1508	Priority creditor's name and mailing address <b>Lietha, Adam</b> <b>9214 November Drive</b> <b>Saint Joseph, MN 56374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1509	Priority creditor's name and mailing address <b>LIEURANCE, AUSTIN</b> <b>512 TYLER ST. SE</b> <b>#8</b> <b>Cascade, IA 52033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1510	Priority creditor's name and mailing address <b>LIGGETT, PATRICK A.</b> <b>5446 CLOISTER DR</b> <b>Murfreesboro, TN 37128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1511	Priority creditor's name and mailing address <b>LIND, JASON J.</b> <b>508 SHADYCREST LN</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1512	Priority creditor's name and mailing address <b>LIND, SARA M.</b> <b>3343 Thomas Avenue North</b> <b>Minneapolis, MN 55412</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1513	Priority creditor's name and mailing address <b>LINSTRA, LAURA K.</b> <b>1613 E 153rd ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1514	Priority creditor's name and mailing address <b>LIPP, TIFFANY A.</b> <b>2170 DAWN DR</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1515	<b>Priority creditor's name and mailing address</b> <b>LITTLE, CHRISTIAN I.</b> <b>208 N. 9TH STREET</b> <b>1204</b> <b>Saint Louis, MO 63101</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1516	<b>Priority creditor's name and mailing address</b> <b>LITVIN, EDWARD V.</b> <b>1417 SUMMIT RIDGE DR.</b> <b>Saint Louis, MO 63147</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1517	<b>Priority creditor's name and mailing address</b> <b>LLAGUNO, MIRANDA</b> <b>6245 SW KENDALE LAKES CIR</b> <b>A205</b> <b>Miami, FL 33183</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1518	<b>Priority creditor's name and mailing address</b> <b>LOBATO, DOMINGO</b> <b>12808 MANDERSON PLAZA</b> <b>Unit 205</b> <b>Omaha, NE 68164</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.1519	Priority creditor's name and mailing address <b>LOBEJKO, KATHLENE</b> <b>6940 ASHWOOD RD #310</b> <b>Saint Paul, MN 55125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1520	Priority creditor's name and mailing address <b>LOCKE, MARY</b> <b>5811 N Flora Ave</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1521	Priority creditor's name and mailing address <b>LODERMEIER, LEE R.</b> <b>9595 HAVLET RD NW</b> <b>Rice, MN 56367</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1522	Priority creditor's name and mailing address <b>LOEFFLER, CAITLYN D.</b> <b>555 N MURLEN RD</b> <b>202</b> <b>Shawnee, KS 66216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1523	Priority creditor's name and mailing address <b>LOEFFLER, KAYLA C.</b> <b>6705 OAK GROVE PKWY NORTH</b> <b>Unit 1120</b> <b>Minneapolis, MN 55445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1524	Priority creditor's name and mailing address <b>LOEW, AMANDA</b> <b>1407 TAYLOR ST</b> <b>Fort Wayne, IN 46802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1525	Priority creditor's name and mailing address <b>LOEW, CADEN M.</b> <b>5504 JOYCE AVE</b> <b>Fort Wayne, IN 46818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1526	Priority creditor's name and mailing address <b>LOFSWOLD, ANNA L.</b> <b>4924 17TH AVE S</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1527	Priority creditor's name and mailing address <b>Lohmann, Melissa A.</b> <b>1213 57th Place</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1528	Priority creditor's name and mailing address <b>LONCZKOWSKI, DANIELLE C.</b> <b>23371 LAKEWOOD</b> <b>Clinton Township, MI 48035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1529	Priority creditor's name and mailing address <b>LONG, MADELINE</b> <b>385 BLUE REEF DR.</b> <b>Hiawatha, IA 52233</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1530	Priority creditor's name and mailing address <b>LONGHENRY, ALLISON J.</b> <b>48082 252ND ST</b> <b>Garretson, SD 57030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1531	Priority creditor's name and mailing address <b>LONGIE, PETER J.</b> <b>1710 49TH STREET SOUTH</b> <b>303</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1532	Priority creditor's name and mailing address <b>LONGIE, RICHARD J.</b> <b>1710 49TH STREET SOUTH</b> <b>303</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1533	Priority creditor's name and mailing address <b>LONGTIN, JAMES A.</b> <b>1746 52ND ST S</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1534	Priority creditor's name and mailing address <b>LONSBURY, ABIGAIL L.</b> <b>7503 MERIWOOD DR.</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1535	Priority creditor's name and mailing address <b>LOOMIS, SYDNEY C.</b> <b>4026 87TH ST. E</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1536	Priority creditor's name and mailing address <b>LOONAM, BREANNA</b> <b>652 REBECCA LANE</b> <b>Bolingbrook, IL 60440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1537	Priority creditor's name and mailing address <b>Loos, Kimberly L.</b> <b>2630 Jameson N. #2</b> <b>Lincoln, NE 68512</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1538	Priority creditor's name and mailing address <b>LOPEZ ESTEVES, YOLANDA</b> <b>7232 PORTLAND AVE</b> <b>10</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1539	Priority creditor's name and mailing address <b>LOPEZ ONOFRE, EUTQUIA</b> <b>3300 Minnehaha Ave S Apt 103</b> <b>Minneapolis, MN 55406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1540	Priority creditor's name and mailing address <b>LOPEZ, ALEJANDRO</b> <b>5437 MARYLAND AVE. N.</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1541	Priority creditor's name and mailing address <b>Lopez, Alejandro</b> <b>5437 Maryland Avenue No.</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1542	Priority creditor's name and mailing address <b>LOPEZ, ALEXANDER</b> <b>254 BIRMINGHAM ST</b> <b>Unit 2</b> <b>Saint Paul, MN 55106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1543	Priority creditor's name and mailing address <b>LOPEZ, CRISOFORO</b> <b>31367 Harlo Drive</b> <b>Apt H</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1544	Priority creditor's name and mailing address <b>Lopez, Dora D.</b> <b>9611 Wedgewood Dr</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1545	Priority creditor's name and mailing address <b>LOPEZ, FERNANDO</b> <b>8610 GRANT AVE</b> <b>Overland Park, KS 66212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1546	Priority creditor's name and mailing address <b>LOPEZ, JESUS</b> <b>2071 EDINGBURGH LN</b> <b>Aurora, IL 60504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1547	Priority creditor's name and mailing address <b>LOPEZ, JOSE A.</b> <b>1036 Calvin Ave</b> <b>#16</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1548	Priority creditor's name and mailing address <b>Lopez, Jose A.</b> <b>45 N. 11th St. #16</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1549	Priority creditor's name and mailing address <b>Lopez, Luis A.</b> <b>1106 Fawn Parkway Plaza</b> <b>Apt 364</b> <b>Omaha, NE 68144</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1550	Priority creditor's name and mailing address <b>LOPEZ, MANUEL</b> <b>4941 Tama Street</b> <b>Apt 4</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1551	Priority creditor's name and mailing address <b>LOPEZ, MANUEL</b> <b>906 POCAHONTAS DR</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1552	Priority creditor's name and mailing address <b>LOPEZ, MANUEL</b> <b>4941 Tama Street, #42</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1553	Priority creditor's name and mailing address <b>LOPEZ, MARCIAL</b> <b>2150 EDGEWOOD RD NW APT 9</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1554	Priority creditor's name and mailing address <b>LOPEZ, MARGARITA</b> <b>2609 16TH AVE</b> <b>Apt 18</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1555	Priority creditor's name and mailing address <b>LOPEZ, MARIA F.</b> <b>1908 E RICE ST.</b> <b>13</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1556	Priority creditor's name and mailing address <b>LOPEZ, MAURICIO C.</b> <b>207 Montwood Ct</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1557	Priority creditor's name and mailing address <b>LOPEZ, NEPTALI B.</b> <b>2727 DUKE ST.</b> <b>Unit 600</b> <b>Alexandria, VA 22314</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1558	Priority creditor's name and mailing address <b>LORD, COLLEEN C.</b> <b>15708 FITZGERALD ST.</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1559	Priority creditor's name and mailing address <b>LORENTZEN, BURKLEY E.</b> <b>29652 HIDDEN FOREST BLVD</b> <b>Chisago City, MN 55013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1560	Priority creditor's name and mailing address <b>LORENZ, LEVI G.</b> <b>514 LANGLEY ROAD</b> <b>Machesney Park, IL 61115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1561	Priority creditor's name and mailing address <b>LOTHAMER, DUSTIN R.</b> <b>609 Charlotte Ave</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1562	Priority creditor's name and mailing address <b>Love, Joshua</b> <b>11825 Bailey Rd</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1563	Priority creditor's name and mailing address <b>Lowe, Brandon D.</b> <b>141 Gladstone</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1564	Priority creditor's name and mailing address <b>LOWRY, CHRISTOPHER A.</b> <b>24901 AUBURN LN</b> <b>Apt 6</b> <b>Southfield, MI 48033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1565	Priority creditor's name and mailing address <b>LUBOWICZ, RACHEL M.</b> <b>9202 DARNELL ST</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1566	Priority creditor's name and mailing address <b>LUBOWICZ, SAM</b> <b>9202 DARNELL ST</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.1567	Priority creditor's name and mailing address <b>Luca, Jonathon</b> <b>1467 Wiltshire Rd</b> <b>Berkley, MI 48072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1568	Priority creditor's name and mailing address <b>LUCAS, DELANTE</b> <b>3738 STONESBORO RD</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1569	Priority creditor's name and mailing address <b>LUDWIG, ANTHONY</b> <b>3602 E DOUGLAS AV</b> <b>207</b> <b>Des Moines, IA 50317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1570	Priority creditor's name and mailing address <b>LUEDTKE, KORBIN M.</b> <b>530 NORTHBOROUGH LN.</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
Name			

  

2.1571	Priority creditor's name and mailing address <b>LUGN, ASHLEY</b> <b>7321 PIONEERS BLVD</b> <b>326</b> <b>Lincoln, NE 68506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1572	Priority creditor's name and mailing address <b>LUGO, JUAN</b> <b>1429 COOLIDGE DR</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1573	Priority creditor's name and mailing address <b>LUJAN, JOSE D.</b> <b>1605 7TH ST SE</b> <b>301</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1574	Priority creditor's name and mailing address <b>Luna Aguilar, Juan D.</b> <b>14650 Foliage Avenue</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1575	Priority creditor's name and mailing address <b>LUNA, EDUARDO</b> <b>15140 EL CAMENO TERRACE</b> <b>Unit 2N</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1576	Priority creditor's name and mailing address <b>LUNA, GABRIELLE E.</b> <b>4524 RICHFIELD LANE</b> <b>Fort Wayne, IN 46816</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1577	Priority creditor's name and mailing address <b>LUNA, KARINA</b> <b>1570 CAVALRY ST</b> <b>Detroit, MI 48209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1578	Priority creditor's name and mailing address <b>LUND, HEATHER</b> <b>122 E 7TH ST</b> <b>Tonganoxie, KS 66086</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1579	Priority creditor's name and mailing address <b>Lureen, Cassandra D.</b> <b>613 22nd Street NW</b> <b>Minot, ND 58703</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1580	Priority creditor's name and mailing address <b>Lusk, Connor</b> <b>1028 N. 16th Street</b> <b>Beatrice, NE 68310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1581	Priority creditor's name and mailing address <b>LUSK, MARY B.</b> <b>27 VALLEY DRIVE</b> <b>32</b> <b>Mount Clemens, MI 48043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1582	Priority creditor's name and mailing address <b>LUSKEY, SAMANTHA</b> <b>13301 Maple Knoll Way</b> <b>Apt 701</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.1583	<b>Priority creditor's name and mailing address</b> <b>LUTZ, TIMOTHY</b> <b>212 ERIE AVE.</b> <b>Aliquippa, PA 15001</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1584	<b>Priority creditor's name and mailing address</b> <b>LUZUM, JACKIE L.</b> <b>512 3RD AVE SW</b> <b>Mount Vernon, IA 52314</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1585	<b>Priority creditor's name and mailing address</b> <b>LYNCH, RICHARD H.</b> <b>2730 W LAKE ST</b> <b>Unit 610</b> <b>Minneapolis, MN 55419</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1586	<b>Priority creditor's name and mailing address</b> <b>LYNUM, DANIEL</b> <b>3440 5TH ST W</b> <b>109</b> <b>West Fargo, ND 58078</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1587	Priority creditor's name and mailing address <b>Lyons, Andrew</b> <b>20582 Woodburn</b> <b>Southfield, MI 48075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1588	Priority creditor's name and mailing address <b>LYSINGER, ERICA</b> <b>248 52ND STREET</b> <b>93</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1589	Priority creditor's name and mailing address <b>Maas, Julia M.</b> <b>1115 Christopher Drive</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1590	Priority creditor's name and mailing address <b>MACDONALD, DIANNA R.</b> <b>200 FAIRVIEW AVE</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1591	Priority creditor's name and mailing address <b>MACGREGOR, LINDSAY</b> <b>344 Dunnwood dr</b> <b>Apt 2</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1592	Priority creditor's name and mailing address <b>MACMANUS, AUGUSTUS</b> <b>4816 NORFOLK PLACE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1593	Priority creditor's name and mailing address <b>MACRAE, LOGAN</b> <b>419 17TH ST S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1594	Priority creditor's name and mailing address <b>MADRID, EDUARDO</b> <b>1519 N SILVER LN</b> <b>Apt 3B</b> <b>Palatine, IL 60074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1595	Priority creditor's name and mailing address <b>MAGANA, BRIAN</b> <b>8217 Carlisle Drive</b> <b>Hanover Park, IL 60133</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1596	Priority creditor's name and mailing address <b>MAGDALENA RAMOS, MARIA</b> <b>152 E BURT DR</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1597	Priority creditor's name and mailing address <b>Magennis, Julian</b> <b>1104 NW 57TH TER</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1598	Priority creditor's name and mailing address <b>MALARA, CARLOS O.</b> <b>3513 FEDERAL DR</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1599	Priority creditor's name and mailing address <b>MALATESTINIC, HOPE K.</b> <b>19495 NORTHRIDGE DR.</b> <b>#D</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1600	Priority creditor's name and mailing address <b>MALDONADO, MARIA I.</b> <b>3419 LOUISIANA AVE</b> <b>Saint Louis, MO 63118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1601	Priority creditor's name and mailing address <b>MALDONADO, RICARDO</b> <b>2110 MERLE HAY RD</b> <b>Des Moines, IA 50310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1602	Priority creditor's name and mailing address <b>MALIK, MARC E.</b> <b>4057 FLAG AVE N</b> <b>Minneapolis, MN 55427</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1603	Priority creditor's name and mailing address <b>Mallett, Darron D.</b> <b>1821 South Lydia</b> <b>Peoria, IL 61605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1604	Priority creditor's name and mailing address <b>MALLET, ERIN</b> <b>1511 172ND ST</b> <b>Hazel Crest, IL 60429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1605	Priority creditor's name and mailing address <b>MALLETTE, KENDAL C.</b> <b>2844 LIVERNOIS NO. 99355</b> <b>Troy, MI 48099</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1606	Priority creditor's name and mailing address <b>Malone, Meghan M.</b> <b>500 Old Mill Road, #306</b> <b>Oakdale, PA 15071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1607	Priority creditor's name and mailing address <b>MALONE, RAYVEN</b> <b>25442 ST. JAMES</b> <b>Southfield, MI 48075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1608	Priority creditor's name and mailing address <b>MALONE, STEVEN</b> <b>15404 W 128TH ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1609	Priority creditor's name and mailing address <b>MANDERS, JAMES I.</b> <b>5 KARIS STREET</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1610	Priority creditor's name and mailing address <b>MANINGER, KARRIE</b> <b>9125 Xylite St NE</b> <b>Minneapolis, MN 55449</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1611	Priority creditor's name and mailing address <b>Manjarrez, Ana</b> <b>854 Park Bluff Cir</b> <b>Elgin, IL 60120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1612	Priority creditor's name and mailing address <b>MANN, HAELEIGH L.</b> <b>2910 CAROLINE STREET</b> <b>South Bend, IN 46614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1613	Priority creditor's name and mailing address <b>MANNING, LIVIA B.</b> <b>6127 RIVER BEND PLACE</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1614	Priority creditor's name and mailing address <b>MANUYLENKO, ANNA S.</b> <b>9431 REEDER AVE</b> <b>Overland Park, KS 66214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1615	Priority creditor's name and mailing address <b>MARANA, JENNIFER LEE J.</b> <b>1634 16TH ST SE</b> <b>5</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1616	Priority creditor's name and mailing address <b>MARCHINI, BIANCA N.</b> <b>11310 SW 42ND TER</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1617	Priority creditor's name and mailing address <b>Marchione, Rachel</b> <b>20509 Northville Place Drive</b> <b>Apt. 2015</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1618	Priority creditor's name and mailing address <b>MARCOS MENDOZA, ELIAS</b> <b>110 4TH ST NE</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1619	Priority creditor's name and mailing address <b>MARCOS RAYMUNDO, FELIPE</b> <b>4941 TAMA ST.</b> <b>#1</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1620	Priority creditor's name and mailing address <b>MARCOS, DIEGO</b> <b>5229 CAMPBELLS RUN ROAD</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1621	Priority creditor's name and mailing address <b>MARCOS, DOMINGO</b> <b>303 CHARLES ST SE</b> <b>Apt 9</b> <b>Blairstown, IA 52209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1622	Priority creditor's name and mailing address <b>MARINERO, PEDRO</b> <b>13412 ALDRICH AV</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1623	Priority creditor's name and mailing address <b>MARK, ANDREW</b> <b>3209 SCHUETZEN LANE</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1624	Priority creditor's name and mailing address <b>Markle, Jack</b> <b>1421 10th Street N.</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1625	Priority creditor's name and mailing address <b>MARKS, MICHAEL M.</b> <b>814 S. 24TH STREET</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1626	Priority creditor's name and mailing address <b>MARKS, NOAH</b> <b>14218 WEST 124TH TERRACE</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1627	Priority creditor's name and mailing address <b>MARNER, KAYLA</b> <b>401 31st ST SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1628	Priority creditor's name and mailing address <b>MAROUDIS, NICHOLAS</b> <b>610 EAST 45 ST</b> <b>Hialeah, FL 33016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1629	Priority creditor's name and mailing address <b>MARQUEZ, JUAN</b> <b>523 5TH STREET</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1630	Priority creditor's name and mailing address <b>MARSH, CIARRA</b> <b>5656 25th Ave S</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1631	Priority creditor's name and mailing address <b>MARSHALL, AUSTIN</b> <b>370 OAKLEY DRIVE</b> <b>603</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1632	Priority creditor's name and mailing address <b>MARSHALL, LAJUANA D.</b> <b>1445 SOUTHERN AVE</b> <b>203</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1633	Priority creditor's name and mailing address <b>Martens, Christina</b> <b>24131 Calvin St.</b> <b>Dearborn, MI 48124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1634	Priority creditor's name and mailing address <b>MARTIN, DARREN J.</b> <b>725 ALBERT DRIVE</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1635	Priority creditor's name and mailing address <b>MARTIN, DAVID B.</b> <b>10410 ST. CHARLES ROCK ROAD</b> <b>Saint Ann, MO 63074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1636	Priority creditor's name and mailing address <b>MARTIN, DAWN C.</b> <b>8950 Goodrich Rd</b> <b>104</b> <b>Minneapolis, MN 55437</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1637	Priority creditor's name and mailing address <b>Martin, Dawn C.</b> <b>2602 Repton Drive</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1638	Priority creditor's name and mailing address <b>MARTIN, HANNAH</b> <b>7300 YORK LANE</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Unknown</div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1639	Priority creditor's name and mailing address <b>MARTIN, JOHNE C.</b> <b>4909 FOLEY TERRACE</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1640	Priority creditor's name and mailing address <b>Martines Gonzales, Romilio</b> <b>3460 Golfview Drive #2213</b> <b>Eagan, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1641	Priority creditor's name and mailing address <b>MARTINEZ CORTEZ, FABIAN</b> <b>1101 Iroquois Ave</b> <b>Apt 2130</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1642	Priority creditor's name and mailing address <b>MARTINEZ MARTIN, ELSY N.</b> <b>902 N SHERMAN</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1643	Priority creditor's name and mailing address <b>MARTINEZ, ADALID M.</b> <b>297 OLD CARTERS CREEK PIKE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1644	Priority creditor's name and mailing address <b>MARTINEZ, ADRIAN</b> <b>4214 SESAME TRL</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1645	Priority creditor's name and mailing address <b>MARTINEZ, ANDREA</b> <b>777 ROYAL ST GEORGE DR</b> <b>419</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1646	Priority creditor's name and mailing address <b>MARTINEZ, ANTONIO</b> <b>4872 Algonquin</b> <b>Apt A</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.1647	Priority creditor's name and mailing address <b>Martinez, Antonio</b> <b>4872 Algonquin Apt. A</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1648	Priority creditor's name and mailing address <b>MARTINEZ, ARIANNA</b> <b>11340 SAN JOSE</b> <b>Redford, MI 48239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1649	Priority creditor's name and mailing address <b>MARTINEZ, FAITH A.</b> <b>612 LORRAINE AVE</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1650	Priority creditor's name and mailing address <b>MARTINEZ, FERNANDO A.</b> <b>1302 OSAGE</b> <b>Kansas City, KS 66105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1651	Priority creditor's name and mailing address <b>MARTINEZ, FRANCISCO A.</b> <b>1070 50TH ST UNIT 6C</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1652	Priority creditor's name and mailing address <b>MARTINEZ, GABRIEL</b> <b>933 Lake Nora South court</b> <b>Apt C</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1653	Priority creditor's name and mailing address <b>MARTINEZ, GABRIELA C.</b> <b>551 N MUR-LEN</b> <b>Apt. 201</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1654	Priority creditor's name and mailing address <b>MARTINEZ, JONATHAN</b> <b>7720 4TH AVS</b> <b>206</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1655	Priority creditor's name and mailing address <b>MARTINEZ, KARLA</b> <b>1078 HERITAGE HILL DR.</b> <b>Apt C</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1656	Priority creditor's name and mailing address <b>MARTINEZ, LAZARO</b> <b>5750 SW 116TH AVE</b> <b>Miami, FL 33173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1657	Priority creditor's name and mailing address <b>MARTINEZ, LUIS</b> <b>297 OLD CARTERS CREEK PIKE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1658	Priority creditor's name and mailing address <b>MARTINEZ, MAIYA T.</b> <b>13133 WESLEY ST.</b> <b>Southgate, MI 48195</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1659	Priority creditor's name and mailing address <b>MARTINEZ, MARIANN</b> <b>777 ROYAL ST. GEORGE DR</b> <b>419</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1660	Priority creditor's name and mailing address <b>MARTINEZ, MARIO</b> <b>405 SOUTH HARRISON ROAD</b> <b>Sterling, VA 20164</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1661	Priority creditor's name and mailing address <b>MARTINEZ, MARLON</b> <b>710 N 26TH ST</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1662	Priority creditor's name and mailing address <b>MARTINEZ, MOISES</b> <b>8910 ROBIN DRIVE</b> <b>Unit B</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1663	Priority creditor's name and mailing address <b>MARTINEZ, NESTOR</b> <b>NEED ADDRESS - MURRAY HILL</b> <b>DR</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1664	Priority creditor's name and mailing address <b>MARTINSON, RYAN</b> <b>5866 HACKMANN AVENUE NE</b> <b>Minneapolis, MN 55432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1665	Priority creditor's name and mailing address <b>Masengarb, Kamden</b> <b>1327 42nd St.</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1666	Priority creditor's name and mailing address <b>MASON, MIRAKAL</b> <b>24675 Kathrine Court</b> <b>Harrison Township, MI 48045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1667	Priority creditor's name and mailing address <b>MASSEY, JHANA</b> <b>8540 APPOLINE</b> <b>Detroit, MI 48228</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1668	Priority creditor's name and mailing address <b>MASTER, MELISSA</b> <b>14454 SAINT LOUIS</b> <b>Midlothian, IL 60445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1669	Priority creditor's name and mailing address <b>Mastin, Rochelle D.</b> <b>1616 Valley Vista Drive</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1670	Priority creditor's name and mailing address <b>MATSON, CHRISTOPHER A.</b> <b>5906 NORTH TAMPICO D</b> <b>Peoria, IL 61614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1671	Priority creditor's name and mailing address <b>MATUSIK, TAYLOR</b> <b>1122 TINKERS GREEN DR</b> <b>Streetsboro, OH 44241</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1672	Priority creditor's name and mailing address <b>MATZINGER, SOPHIA G.</b> <b>51252 WINDY WILLOW COURT</b> <b>South Bend, IN 46628</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1673	Priority creditor's name and mailing address <b>MAUL, SAVANNAH M.</b> <b>10711 HASKINS COURT</b> <b>Overland Park, KS 66210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1674	Priority creditor's name and mailing address <b>MAUPIN, JULIANA I.</b> <b>15305 W 123RD ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1675	Priority creditor's name and mailing address <b>MAURO-MARTIN, ANGELICA</b> <b>1101 IROQUOIS AVE</b> <b>2211</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1676	Priority creditor's name and mailing address <b>MAURUS, SIGNE D.</b> <b>1701 25th Street #1</b> <b>Rock Island, IL 61201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1677	Priority creditor's name and mailing address <b>MAXWELL, NATHAN</b> <b>1125 S EBENEZER AVE</b> <b>304</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1678	Priority creditor's name and mailing address <b>MAY, BRIANNA</b> <b>4121 158TH ST W</b> <b>Rosemount, MN 55068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1679	Priority creditor's name and mailing address <b>MAYER, DUSTIN E.</b> <b>3431 HILLANDALE RD</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1680	Priority creditor's name and mailing address <b>Mayer, Greg D.</b> <b>16 S. Petrie Road</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1681	Priority creditor's name and mailing address <b>Mayer, Theresa</b> <b>1201 E Street #2</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1682	Priority creditor's name and mailing address <b>MAYORGA, RAMIRO J.</b> <b>6410 SW 113TH PL</b> <b>Miami, FL 33173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1683	Priority creditor's name and mailing address <b>MCALPINE JR, KELLY F.</b> <b>5904 RAYBURN DR</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1684	Priority creditor's name and mailing address <b>MCBRIDE, ANNARUTH D.</b> <b>909 GRANTLAND AVE</b> <b>Murfreesboro, TN 37129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1685	Priority creditor's name and mailing address <b>MCBRIDE, MICHAEL H.</b> <b>20977 Greenwood Court</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1686	Priority creditor's name and mailing address <b>McBrien, Molly</b> <b>3055 Eagandale PI</b> <b>Apt 326</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1687	Priority creditor's name and mailing address <b>McCabe, Paige C.</b> <b>626 W. 15th St</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1688	Priority creditor's name and mailing address <b>McCabe, Paige C.</b> <b>626 W. 15th St</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1689	Priority creditor's name and mailing address <b>MCCAGUE, PHILIP</b> <b>2020 CORTLAND AVE</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1690	Priority creditor's name and mailing address <b>MCCALL, YANCY S.</b> <b>1154 Wrights Mill Rd</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1691	Priority creditor's name and mailing address <b>MCCARTY, DESTINEE</b> <b>26900 GEORGE ZEIGER DR.</b> <b>221</b> <b>Beachwood, OH 44122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1692	Priority creditor's name and mailing address <b>MCCASKLE, DIALLO S.</b> <b>4229 LARCHMONT</b> <b>Apt 1</b> <b>Detroit, MI 48204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1693	Priority creditor's name and mailing address <b>MCCASLIN, JACOB C.</b> <b>12319 WATERSTONE LN</b> <b>413</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1694	Priority creditor's name and mailing address <b>MCCOMBS, CHRIS R.</b> <b>2700 AUSTIN DRIVE</b> <b>Lincoln, NE 68506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1695	Priority creditor's name and mailing address <b>MCCONNELL, STEVEN B.</b> <b>108 MAPLE AVE.</b> <b>Highwood, IL 60040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1696	Priority creditor's name and mailing address <b>McCoy, Michael</b> <b>337 3rd Street NE</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1697	Priority creditor's name and mailing address <b>MCCUBBIN, LAURA K.</b> <b>3309 SAINT PAUL AVE</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1698	Priority creditor's name and mailing address <b>McCullough Sr., Tyrone</b> <b>3247 East 55th Street</b> <b>Apt 4</b> <b>Cleveland, OH 44127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1699	Priority creditor's name and mailing address <b>McCune, Troy</b> <b>6622 Cleveland Avenue</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1700	Priority creditor's name and mailing address <b>McCurdy, Brian P.</b> <b>106 State Street</b> <b>Osceola, WI 54020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1701	Priority creditor's name and mailing address <b>MCDONALD, BRANDEN</b> <b>612 WAVERLY RD</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1702	Priority creditor's name and mailing address <b>MCDONALD, TREVONTE N.</b> <b>10650 Hampshire Ave 55438</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756		
2.1703	Priority creditor's name and mailing address <b>McDonnell, Andrew</b> <b>16959 166th Street</b> <b>Basehor, KS 66007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1704	Priority creditor's name and mailing address <b>MCELLIGOTT, BRYNA D.</b> <b>515 5TH AVE SE</b> <b>Minneapolis, MN 55415</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1705	Priority creditor's name and mailing address <b>MCGHIEY, MORGAN</b> <b>3905 NE BELLAGIO CIR</b> <b>Ankeny, IA 50021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.1706	Priority creditor's name and mailing address <b>MCGILLIVRAY, HAILEY</b> <b>152 19 1/2 Ave N</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.1707	Priority creditor's name and mailing address <b>MCGILLIVRAY, HAILEY</b> <b>152 19 1/2 Ave N</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1708	Priority creditor's name and mailing address <b>MCGRATH, JOSH</b> <b>6900 LENOX VILLAGE DR</b> <b>307</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1709	Priority creditor's name and mailing address <b>MCGROTTY, ASHLEY</b> <b>5851 S FRANKLIN RD</b> <b>Indianapolis, IN 46239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1710	Priority creditor's name and mailing address <b>MCHENRY, JOSHUA</b> <b>1629 OAKBROOKE DR</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1711	Priority creditor's name and mailing address <b>MCHUGH, BREANA C.</b> <b>805 S. SNEVE AVE.</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1712	Priority creditor's name and mailing address <b>MCHUGH, JOSEPH</b> <b>4311 15TH AVE S</b> <b>128</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1713	Priority creditor's name and mailing address <b>McIlwain, Tiarra</b> <b>2531 Lisa Drive</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1714	Priority creditor's name and mailing address <b>MCKEE, ANNA</b> <b>1220 Esterling Drive</b> <b>Saint Charles, MO 63301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1715	Priority creditor's name and mailing address <b>MCKEE, JORDAN</b> <b>811 E VIRGINIA AVE</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1716	Priority creditor's name and mailing address <b>MCKEE, JOSEPH</b> <b>1707 Forest Cove dr</b> <b>102</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1717	Priority creditor's name and mailing address <b>McKinney, Jamal</b> <b>3300 Stonesboro Road</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1718	Priority creditor's name and mailing address <b>MCKISSICK, AMBRIANA S.</b> <b>641 HUNTER DR</b> <b>Harrisburg, SD 57032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1719	Priority creditor's name and mailing address <b>MCLAUGHLIN, CADE A.</b> <b>1909 S JEFFERSON AVENUE</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1720	Priority creditor's name and mailing address <b>MCLEAN, MEESHA</b> <b>306 TAMERACK CT</b> <b>Upper Marlboro, MD 20774</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1721	Priority creditor's name and mailing address <b>MCLEE, JENNIFER J.</b> <b>3504 ROYAL DR</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1722	Priority creditor's name and mailing address <b>MCLELLAN, ROBERT</b> <b>1085 CO RD F</b> <b>Swanton, OH 43558</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1723	Priority creditor's name and mailing address <b>MCLEMORE, YASHA</b> <b>506 AMERICAN RD</b> <b>Nashville, TN 37209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1724	Priority creditor's name and mailing address <b>McMillen, Alyssa</b> <b>1014 West Loucks Ave</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1725	Priority creditor's name and mailing address <b>MCNAUGHTON, COURTNEY</b> <b>31510 CONCORD DRIVE</b> <b>Apt G</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1726	Priority creditor's name and mailing address <b>MCNEAL, JEREMY M.</b> <b>1203 SOUTHPORT AVE</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1727	Priority creditor's name and mailing address <b>MCNEALL, CALEB W.</b> <b>8234 N.FLORA AVE</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1728	Priority creditor's name and mailing address <b>McNear, Sean C.</b> <b>205 Landwehr, Apt. B</b> <b>Luckey, OH 43443</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1729	Priority creditor's name and mailing address <b>MCNERLIN, JAMES C.</b> <b>22 16TH AVE N</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1730	Priority creditor's name and mailing address <b>MCPHAIL, ERIN K.</b> <b>2224 SOMERSET BLVD</b> <b>206</b> <b>Troy, MI 48084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1731	Priority creditor's name and mailing address <b>McPhail, Erin K.</b> <b>116 Huntley Avenue</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1732	Priority creditor's name and mailing address <b>McReynolds, Brandy M.</b> <b>716 Baldwin Avenue</b> <b>Royal Oak, MI 48067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1733	Priority creditor's name and mailing address <b>MCSHEFFERY, EMILY R.</b> <b>17027 HAMPTON DR.</b> <b>Granger, IN 46530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1734	Priority creditor's name and mailing address <b>MCSHEFFERY, MEGAN</b> <b>17027 HAMPTON DR</b> <b>Granger, IN 46530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1735	Priority creditor's name and mailing address <b>MEDINA SANCHEZ, MELQUIADES</b> <b>2068 3RD STREET NORTH</b> <b>Saint Paul, MN 55109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1736	Priority creditor's name and mailing address <b>Medina Tablas, Mauricio</b> <b>764 Cottage Ave S #2</b> <b>Saint Paul, MN 55106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1737	Priority creditor's name and mailing address <b>Medina, Hugo T.</b> <b>4318 Winchester Lane</b> <b>Brooklyn Center, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1738	Priority creditor's name and mailing address <b>MEEKIN, RYAN</b> <b>1627 HAWK PLACE</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1739	Priority creditor's name and mailing address <b>Meerdink, Gavin A.</b> <b>2309 W. Grove Blvd.</b> <b>Muscatine, IA 52761</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1740	Priority creditor's name and mailing address <b>MEISTER, NICKILAS</b> <b>345 QUINLAN AVE S</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1741	Priority creditor's name and mailing address <b>MEIXELL, GREGORY G.</b> <b>6200 COUNTY ROAD 120</b> <b>101</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1742	Priority creditor's name and mailing address <b>MEJIA, BRODY</b> <b>819 W. RUSSELL</b> <b>Peoria, IL 61606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.1743	Priority creditor's name and mailing address <b>MEJIA, GERARDO</b> <b>800 W 65TH ST</b> <b>Apt 110</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1744	Priority creditor's name and mailing address <b>MELARA BANOS, JOSE O.</b> <b>306 Bauman Ave</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1745	Priority creditor's name and mailing address <b>Melum, Macy T.</b> <b>4121 West Newcomb Drive, #105</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1746	Priority creditor's name and mailing address <b>MENDEZ, DIMAS</b> <b>9125 Greenspire Dr</b> <b>116</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1747	Priority creditor's name and mailing address <b>MENDEZ, EUSEBRO O.</b> <b>15180 OLD HICKORY BLV</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1748	Priority creditor's name and mailing address <b>MENDIETA, MARGARITA</b> <b>1795 MARQUETTE LANE</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1749	Priority creditor's name and mailing address <b>MENDIOLA RIOS, MARTHA I.</b> <b>9725 Pleasant Ave. S. #2A</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1750	Priority creditor's name and mailing address <b>MENDIOLA, DAVID</b> <b>9705 Pleasant Ave S Apt 2I</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1751	Priority creditor's name and mailing address <b>MENDOZA MARCOS, SAMUEL</b> <b>4947 TAMA ST APT3</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1752	Priority creditor's name and mailing address <b>MENDOZA, ALEXIS</b> <b>2911 SHEARER RD</b> <b>Kansas City, KS 66106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1753	Priority creditor's name and mailing address <b>MENDOZA, BIANCA</b> <b>17712 SAYRE AVENUE</b> <b>Tinley Park, IL 60477</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1754	Priority creditor's name and mailing address <b>MENDOZA, JOSE</b> <b>3156 Columbus Ave S 2nd floor</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1755	Priority creditor's name and mailing address <b>MENESES, ENRIQUE</b> <b>8746 Sunny Hill Drive</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1756	Priority creditor's name and mailing address <b>MENESES, ENRIQUE</b> <b>8746 Sunny Hill Drive</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1757	Priority creditor's name and mailing address <b>MENGE, KIM N.</b> <b>1701 WEST BURNSVILLE</b> <b>PARKWAY</b> <b>313</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1758	Priority creditor's name and mailing address <b>MENKE, RYAN M.</b> <b>2102 W ALICE AVE</b> <b>Peoria, IL 61607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1759	Priority creditor's name and mailing address <b>Mercado, Josh F.</b> <b>8856 Harvey Street</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1760	Priority creditor's name and mailing address <b>MERCK, MICHELLE L.</b> <b>2604 ALLISON AVE</b> <b>Des Moines, IA 50310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1761	Priority creditor's name and mailing address <b>Merida Molina, Cesar A.</b> <b>3205 W. 43rd #10</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1762	Priority creditor's name and mailing address <b>Mesa, David</b> <b>10300 City Walk Dr. 418</b> <b>Saint Paul, MN 55129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1763	Priority creditor's name and mailing address <b>Messer, Brittany</b> <b>512 45th St S Apt #309</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1764	Priority creditor's name and mailing address <b>Meyer, Anna M.</b> <b>26 Roberts Street North #213</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1765	Priority creditor's name and mailing address <b>MEYER, HATTIE</b> <b>16255 KENYON AVE.</b> <b>Apt 140</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1766	Priority creditor's name and mailing address <b>MEYER, IAN V.</b> <b>1450 N LUCY MONTGOMERY WAY</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1767	Priority creditor's name and mailing address <b>MEYER, PATRICIA</b> <b>4225 10TH AVENUE</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1768	Priority creditor's name and mailing address <b>MEYER, THOMAS E.</b> <b>2505 33RD AVE. S.</b> <b>Minneapolis, MN 55406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1769	Priority creditor's name and mailing address <b>MEYER, TROFIM</b> <b>1000 MORAN RD</b> <b>Franklin, TN 37069</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1770	Priority creditor's name and mailing address <b>MEZA, ISAI</b> <b>8701 LYNDALE AVE S #8</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1771	Priority creditor's name and mailing address <b>Michaels, Evan</b> <b>37640 Arbor Woods Drive</b> <b>Livonia, MI 48150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1772	Priority creditor's name and mailing address <b>MICKENS, DELORES Q.</b> <b>5262 MARLBORO PIKE</b> <b>103</b> <b>Capitol Heights, MD 20743</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1773	Priority creditor's name and mailing address <b>MIKLOS, CYNDI</b> <b>331 OLD EWING ROAD</b> <b>Carnegie, PA 15106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1774	Priority creditor's name and mailing address <b>MIKOLICH, MADISON N.</b> <b>P.O. 1158</b> <b>37 S COLLEGE AVE</b> <b>Saint Joseph, MN 56374</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1775	Priority creditor's name and mailing address <b>MILDENSTEIN, JACOB</b> <b>2525 GEORGETOWN AVE</b> <b>Toledo, OH 43613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1776	Priority creditor's name and mailing address <b>MILFORD, RYLIE</b> <b>8728 N PARIS AVE</b> <b>Kansas City, MO 64153</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1777	Priority creditor's name and mailing address <b>MILLER, ABBI</b> <b>12020 Jonquil St NW</b> <b>Minneapolis, MN 55433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1778	Priority creditor's name and mailing address <b>MILLER, ASHLEY E.</b> <b>5411 Virginia Ave N</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1779	Priority creditor's name and mailing address <b>MILLER, BETH</b> <b>530 RUDISILL BLVD</b> <b>Fort Wayne, IN 46806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1780	Priority creditor's name and mailing address <b>MILLER, CHARIS M.</b> <b>1650 S HWY 36</b> <b>Apt 369</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1781	Priority creditor's name and mailing address <b>Miller, Charis M.</b> <b>8331 Haeg Dr.</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1782	Priority creditor's name and mailing address <b>MILLER, CODY J.</b> <b>2112 WEST 138TH STREET</b> <b>Unit 210</b> <b>Overland Park, KS 66224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1783	Priority creditor's name and mailing address <b>Miller, Daren S.</b> <b>1027 Old Oak Road</b> <b>East Alton, IL 62024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1784	Priority creditor's name and mailing address <b>MILLER, ERICA M.</b> <b>1720 ELMWOOD AVENUE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1785	Priority creditor's name and mailing address <b>MILLER, HANNAH R.</b> <b>8711 N MATTOX RD</b> <b>Apt C189</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1786	Priority creditor's name and mailing address <b>MILLER, JOE</b> <b>36401 JEFFERSON COURT</b> <b>912</b> <b>Farmington, MI 48335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1787	Priority creditor's name and mailing address <b>MILLER, LIZ M.</b> <b>11320 Tecumseh</b> <b>Redford, MI 48239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1788	Priority creditor's name and mailing address <b>MILLER, LUKE</b> <b>2171 SUGAR CREEK DR NW</b> <b>Cedar Rapids, IA 52405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1789	Priority creditor's name and mailing address <b>MILLER, MARISSA L.</b> <b>616 MCFADDENS TRAIL</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1790	Priority creditor's name and mailing address <b>MILLER, TIMOTHY G.</b> <b>770 SAVANNA AVE</b> <b>101</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1791	Priority creditor's name and mailing address <b>MILLS, CHRISTIAN J.</b> <b>1006 GRATIS AVE</b> <b>Des Moines, IA 50315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1792	Priority creditor's name and mailing address <b>MILLS, CIEANNA M.</b> <b>627 E 156TH PL</b> <b>South Holland, IL 60473</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1793	Priority creditor's name and mailing address <b>MILLS, JOSHUA R.</b> <b>5911 N WALTON</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1794	Priority creditor's name and mailing address <b>MILLS, NKIRU K.</b> <b>3983 ROSEMOND ROAD</b> <b>Cleveland, OH 44121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1795	Priority creditor's name and mailing address <b>MILNE ROJEK, LARYN</b> <b>413 CEDAR LAKE ROAD SOUTH</b> <b>Minneapolis, MN 55405</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1796	Priority creditor's name and mailing address <b>MILO, PATRICK C.</b> <b>5926 GOODFELLOW</b> <b>Saint Louis, MO 63147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1797	Priority creditor's name and mailing address <b>MINER, REYNARD D.</b> <b>3306 STANFORD STREET</b> <b>Hyattsville, MD 20783</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1798	Priority creditor's name and mailing address <b>MINGER, RALPH</b> <b>35 HERO AVE</b> <b>Chester, WV 26034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1799	Priority creditor's name and mailing address <b>Miracle, Erin M.</b> <b>9120 Marsh Road</b> <b>Algonac, MI 48001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1800	Priority creditor's name and mailing address <b>MISKA, JESSICA R.</b> <b>3108 N 157TH STREET</b> <b>Basehor, KS 66007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1801	Priority creditor's name and mailing address <b>MITCHELL, AIMEE</b> <b>10421 BRIAR BEND</b> <b>#3</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1802	Priority creditor's name and mailing address <b>MITCHELL, JOHN CALVIN W.</b> <b>15404 S SUMMERTREE LANE</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1803	Priority creditor's name and mailing address <b>MITCHELL, LATROY P.</b> <b>6419 47TH AVE DR</b> <b>Moline, IL 61265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1804	Priority creditor's name and mailing address <b>MITCHELL, SEBASTIAN</b> <b>2830 ROYALLVALLEY WAY</b> <b>O Fallon, MO 63368</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1805	Priority creditor's name and mailing address <b>MITTS, ANITA</b> <b>1319 S 49TH</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1806	Priority creditor's name and mailing address <b>MIXTEGA, DOMINGO L.</b> <b>409 E Nebraska Ave</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.1807	Priority creditor's name and mailing address <b>MJOEN, SYDNEY R.</b> <b>860 30TH ST S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1808	Priority creditor's name and mailing address <b>MOCK, WILLIAM B.</b> <b>1928 Wicklow</b> <b>Woodbridge, VA 22191</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1809	Priority creditor's name and mailing address <b>MOE, RACHAEL L.</b> <b>2651 166TH AVE. NW</b> <b>Andover, MN 55304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1810	Priority creditor's name and mailing address <b>MOHAMED-ABDIRAHMAN,</b> <b>MOHAMED</b> <b>1201 BROOK AVE SE</b> <b>210</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1811	Priority creditor's name and mailing address <b>Mohan, Vinesh</b> <b>1117 Marquette Avenue</b> <b>Apt 1801</b> <b>Minneapolis, MN 55403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1812	Priority creditor's name and mailing address <b>Mohn, Mallery</b> <b>422 Pierce St. N. #5</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1813	Priority creditor's name and mailing address <b>MOLINA TAPIA, MIGUEL</b> <b>7407 PORTLAND AVE</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1814	Priority creditor's name and mailing address <b>MOLTER, SCOTT R.</b> <b>2540 14th St S</b> <b>208</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1815	Priority creditor's name and mailing address <b>Momberger, Elizabeth R.</b> <b>1290 County Road F West #309</b> <b>Arden Hills, MN 55112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1816	Priority creditor's name and mailing address <b>MONFELI, AMANDA M.</b> <b>521 W. 30TH STREET</b> <b>Davenport, IA 52803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1817	Priority creditor's name and mailing address <b>MONPRODE, WILLIAM B.</b> <b>5338 BEAUBEIN ST</b> <b>14</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1818	Priority creditor's name and mailing address <b>MONSON, ANA G.</b> <b>17261 SAYLERS BEACH ROAD</b> <b>Lake Park, MN 56554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1819	Priority creditor's name and mailing address <b>MONTANA-EDWARDS, LEXI</b> <b>311 GENOA ST</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1820	Priority creditor's name and mailing address <b>MONTES, KARSYN S.</b> <b>8013 N. HICKORY ST</b> <b>725</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1821	Priority creditor's name and mailing address <b>Montoya, Stephen A.</b> <b>3040 West Sumner Street</b> <b>Lincoln, NE 68522</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1822	Priority creditor's name and mailing address <b>MOODY, SAVANNAH A.</b> <b>12433 S ALDEN CIRCLE</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756
2.1823	Priority creditor's name and mailing address <b>MOORE, CARLOS D.</b> <b>7310 GROVER STREET</b> <b>Omaha, NE 68124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1824	Priority creditor's name and mailing address <b>MOORE, GREGORY</b> <b>843 BARNABY ST SE</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1825	Priority creditor's name and mailing address <b>Moore, Thomas</b> <b>3118 Canaan Valley Drive</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1826	Priority creditor's name and mailing address <b>MORA, JAVIER M.</b> <b>3114 RUE-MARCEAU</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1827	Priority creditor's name and mailing address <b>MORALES, ANTONIO</b> <b>2320 9TH AVE</b> <b>Rockford, IL 61104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1828	Priority creditor's name and mailing address <b>MORALES, JORGE</b> <b>51544 Hollyhock Rd</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1829	Priority creditor's name and mailing address <b>Morales, Jose</b> <b>1240 Revell Ave</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1830	Priority creditor's name and mailing address <b>MORALES, JUAN A.</b> <b>777 COACHMAN</b> <b>Apt 3</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1831	Priority creditor's name and mailing address <b>Morales, Leonardo</b> <b>2170 NW 82 Street #6</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1832	Priority creditor's name and mailing address <b>MORALES, MANUEL</b> <b>4507 JOHN TYLER CT</b> <b>#1</b> <b>Annandale, VA 22003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1833	Priority creditor's name and mailing address <b>MORALES, MIGUEL A.</b> <b>2512 SILVER LANE</b> <b>Apt 302</b> <b>Minneapolis, MN 55421</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1834	Priority creditor's name and mailing address <b>MORALES, SERGIO A.</b> <b>1104 MUIRHEAD AVE</b> <b>Naperville, IL 60565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1835	Priority creditor's name and mailing address <b>MORALES, VICTOR M.</b> <b>2712 LIM ST</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1836	Priority creditor's name and mailing address <b>MOREIRA, JOSSELINE E.</b> <b>9115 LOUGHRAN RD</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1837	Priority creditor's name and mailing address <b>MORENO, ASHLEY</b> <b>7520 SW 107TH AVE</b> <b>6207</b> <b>Miami, FL 33173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1838	Priority creditor's name and mailing address <b>MORENO, KRISTINA M.</b> <b>354 COACHMAN DR.</b> <b>2B</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1839	Priority creditor's name and mailing address <b>Morgan, Breanna M.</b> <b>8017 Ohio Street</b> <b>Detroit, MI 48204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1840	Priority creditor's name and mailing address <b>MORGAN, CHRISTIAN</b> <b>2409 S 41ST</b> <b>Omaha, NE 68105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1841	Priority creditor's name and mailing address <b>MORGE, BAILEY D.</b> <b>15317 KENTON AVE</b> <b>Oak Forest, IL 60452</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1842	Priority creditor's name and mailing address <b>MORICCA, ALEXIS L.</b> <b>3408 BEAVER AVE.</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1843	Priority creditor's name and mailing address <b>MORLEY, CHRISTINA</b> <b>1624 24TH STREET</b> <b>Moline, IL 61265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1844	Priority creditor's name and mailing address <b>MORMINO, MANDY</b> <b>118 MOORES COURT</b> <b>Brentwood, TN 37027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1845	Priority creditor's name and mailing address <b>Morrell, Antonio</b> <b>2424 Vermont Avenue #101</b> <b>Hyattsville, MD 20785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1846	Priority creditor's name and mailing address <b>MORRIS, DAVID H.</b> <b>630 EASTVIEW CIRCLE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1847	Priority creditor's name and mailing address <b>MORRIS, DAVION R.</b> <b>12501 WHITEHILL</b> <b>Detroit, MI 48224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1848	Priority creditor's name and mailing address <b>MORRIS, DONOVAN M.</b> <b>12501 WHITEHILL</b> <b>Detroit, MI 48224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1849	Priority creditor's name and mailing address <b>MORRIS, GERRY E.</b> <b>14603 MILVERTON RD.</b> <b>B1</b> <b>Cleveland, OH 44120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1850	Priority creditor's name and mailing address <b>MORRIS, LISBET K.</b> <b>600 NE JACOB ST</b> <b>Grimes, IA 50111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1851	Priority creditor's name and mailing address <b>MORRISON, JEREMY M.</b> <b>1333 10TH AVE N</b> <b>Apt 1</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1852	Priority creditor's name and mailing address <b>Morrison, Porsche</b> <b>7407 Rosa Parks</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1853	Priority creditor's name and mailing address <b>MORROW, CARIANNE L.</b> <b>1802 LEER ST</b> <b>South Bend, IN 46613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1854	Priority creditor's name and mailing address <b>MORTIMER, BRIAN</b> <b>861 Benedetti Drive</b> <b>Apt 201</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1855	Priority creditor's name and mailing address <b>Mosher, Audra M.</b> <b>13441 Yorktown Lane</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1856	Priority creditor's name and mailing address <b>MOSHER, SHANNON L.</b> <b>15137 W 154TH TER</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1857	Priority creditor's name and mailing address <b>MOYNIHAN, JENNIFER</b> <b>337 59TH STREET</b> <b>Des Moines, IA 50312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1858	Priority creditor's name and mailing address <b>MSTOWSKI, STEFANIE</b> <b>14535 OAKLEY AVE</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1859	Priority creditor's name and mailing address <b>MUELLER, SAVANNA</b> <b>2109 3RD ST N</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1860	Priority creditor's name and mailing address <b>MULLEN, ANTONIO</b> <b>9528 MADELAINE MANOR WALK</b> <b>Saint Louis, MO 63134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1861	Priority creditor's name and mailing address <b>Mullen, LAKESHA</b> <b>9528 MADELAINE MANOR WALK</b> <b>Saint Louis, MO 63134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1862	Priority creditor's name and mailing address <b>Mulligan, Patrick C.</b> <b>7935 Amber Hill Road</b> <b>Lincoln, NE 68516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1863	Priority creditor's name and mailing address <b>Mullins, Maloree L.</b> <b>2015 26th St Ave S</b> <b>Minneapolis, MN 55406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1864	Priority creditor's name and mailing address <b>Mullins, Michael</b> <b>18930 Mercer Road</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1865	Priority creditor's name and mailing address <b>MUNCIE, DERRICK</b> <b>14226 GENTRY DR</b> <b>Fishers, IN 46038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1866	Priority creditor's name and mailing address <b>MUNGUIA, SELENE</b> <b>9177 LYON ST</b> <b>Detroit, MI 48209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
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2.1867	Priority creditor's name and mailing address <b>MUNN, KAMRYN M.</b> <b>13500 CENTRAL AVE</b> <b>Neapolis, OH 43547</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1868	Priority creditor's name and mailing address <b>Munn, Terrance J.</b> <b>544 Carver Boulevard</b> <b>Toledo, OH 43607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1869	Priority creditor's name and mailing address <b>MUNSON Sr., THOMAS E.</b> <b>1502 Vance Avenue</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1870	Priority creditor's name and mailing address <b>MURAD, AARON</b> <b>46529 MAIDSTONE RD</b> <b>Canton, MI 48187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1871	Priority creditor's name and mailing address <b>MURCIA, MANUEL D.</b> <b>2311 TAUROMEE AVE</b> <b>12</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1872	Priority creditor's name and mailing address <b>MURILLO, ELIAZ</b> <b>2830 WHEATON</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1873	Priority creditor's name and mailing address <b>Murphy, Christian M.</b> <b>14135 Dearborn Path</b> <b>Rosemount, MN 55068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1874	Priority creditor's name and mailing address <b>Murphy, Eileen</b> <b>619 E. Bauer Road</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1875	Priority creditor's name and mailing address <b>MURPHY, OWEN C.</b> <b>2166 SUMMER HILL CIRCLE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1876	Priority creditor's name and mailing address <b>Murphy, Tom W.</b> <b>31510 Concord #G</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1877	Priority creditor's name and mailing address <b>Murre, Dana</b> <b>8818 Timbercreek Lane</b> <b>Liberty, MO 64068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1878	Priority creditor's name and mailing address <b>MURRY, SHONTE</b> <b>6125 BEDFORD AVE</b> <b>Omaha, NE 68104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1879	Priority creditor's name and mailing address <b>MUSSMAN, MARK A.</b> <b>140 HIGHLAND AVE</b> <b>Fairfax, IA 52228</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1880	Priority creditor's name and mailing address <b>MYERS, ASHLEY R.</b> <b>10 MEDIA CT</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1881	Priority creditor's name and mailing address <b>Myers, George R.</b> <b>2850 Southampton Drive #113</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1882	Priority creditor's name and mailing address <b>MYERS, JESSICA</b> <b>2624 16TH STREET</b> <b>Moline, IL 61265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1883	Priority creditor's name and mailing address <b>MYLES, CHRISTOPHER</b> <b>3036 GRAY</b> <b>Detroit, MI 48215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1884	Priority creditor's name and mailing address <b>NAB, RYAN J.</b> <b>13310 W. 137th Terrace</b> <b>Overland Park, KS 66221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1885	Priority creditor's name and mailing address <b>NAGEL, JAMES E.</b> <b>17933 DAVIDS LANE</b> <b>Orland Park, IL 60467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1886	Priority creditor's name and mailing address <b>NAGY, JESSICA M.</b> <b>18288 NORWICH</b> <b>Livonia, MI 48152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1887	Priority creditor's name and mailing address <b>NAJERA, RANULFO</b> <b>5407 CHATEAU DR.</b> <b>Apt 6</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1888	Priority creditor's name and mailing address <b>NAKAYAMA, MARIO A.</b> <b>1741 KAYLA LN APT.3D</b> <b>Waukegan, IL 60087</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1889	Priority creditor's name and mailing address <b>NAKAYAMA, YOSIHE</b> <b>423 FUNSTON AVE.</b> <b>Highwood, IL 60040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1890	Priority creditor's name and mailing address <b>NASH, JOHN</b> <b>6017 VISTA DRIVE</b> <b>1109</b> <b>West Des Moines, IA 50266</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1891	Priority creditor's name and mailing address <b>NAVARRETE, IRMA L.</b> <b>1510 ARMSTRONG AVE</b> <b>Kansas City, KS 66102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1892	Priority creditor's name and mailing address <b>NAVARRO, ALEJANDRINA</b> <b>1010 Marcy Ave</b> <b>#4</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1893	Priority creditor's name and mailing address <b>NAVARRO, JOSE B.</b> <b>1010 MERCY AVE.</b> <b>#4</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1894	Priority creditor's name and mailing address <b>NDIGWE, STEPHEN</b> <b>10001 HALLMARK CT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1895	Priority creditor's name and mailing address <b>NEAL, MARQUIS</b> <b>21905 AVON RD</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1896	Priority creditor's name and mailing address <b>NEALLY, ARIEL L.</b> <b>8337 4th Ave S</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1897	Priority creditor's name and mailing address <b>NEALLY, LEAH L.</b> <b>2095 SILVER BELL RD</b> <b>Unit 27</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1898	Priority creditor's name and mailing address <b>Need, Samantha L.</b> <b>7212 Dark Lake Drive</b> <b>Clarkston, MI 48346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1899	Priority creditor's name and mailing address <b>NEGRETE AGUILAR, MELISSA</b> <b>2325 W POST OAK RD</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1900	Priority creditor's name and mailing address <b>NEIL, TAYLOR Z.</b> <b>34517 SW 187TH ROAD</b> <b>Homestead, FL 33034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1901	Priority creditor's name and mailing address <b>NEILAN, ALESSA M.</b> <b>2430 36TH ST S</b> <b>301</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1902	Priority creditor's name and mailing address <b>NELSEN, BRIANNA M.</b> <b>100 NW 14TH ST.</b> <b>Grimes, IA 50111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1903	Priority creditor's name and mailing address <b>NELSON, HANNA J.</b> <b>463 HARBOR CIRCLE</b> <b>Saint Paul, MN 55126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1904	Priority creditor's name and mailing address <b>NELSON, HEIDI</b> <b>1470 ROCKY LANE</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1905	Priority creditor's name and mailing address <b>NELSON, LAUREN M.</b> <b>5716 CRICKET RIDGE</b> <b>Indianapolis, IN 46250</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1906	Priority creditor's name and mailing address <b>NELSON, ZACHARY D.</b> <b>846 WILLARD STREET WEST</b> <b>Stillwater, MN 55082</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1907	Priority creditor's name and mailing address <b>NEVILLE, GENE E.</b> <b>410 NATCHEZ ST</b> <b>#E</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1908	Priority creditor's name and mailing address <b>NGUYEN, RYAN</b> <b>2724 WALNUT STREET</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1909	Priority creditor's name and mailing address <b>NICELY, TAMMY</b> <b>8110 NEVILLE PL.</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.1910	Priority creditor's name and mailing address <b>NICHOLAS, YULANDA G.</b> <b>4703 SHERIFF RD</b> <b>#1</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.1911 Priority creditor's name and mailing address  
**NIELSEN, JUSTIN**  
**201 W KLUCKHOLM**  
**Montrose, SD 57048**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1912 Priority creditor's name and mailing address  
**NIELSEN, MADELINE L.**  
**890 MEADOW RD**  
**Northbrook, IL 60062**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1913 Priority creditor's name and mailing address  
**NIGHTINGALE, DEVIN**  
**5425 AUDOBON AVE 103**  
**Inver Grove Heights, MN 55077**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.1914 Priority creditor's name and mailing address  
**NIGHTINGALE, RYLEE**  
**6827 COLLEGE PARK CT SW**  
**#9**  
**Cedar Rapids, IA 52404**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1915	Priority creditor's name and mailing address <b>NIHAL, ARHAM</b> <b>400 MEADOW RIDGE LN.</b> <b>Prospect Heights, IL 60070</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1916	Priority creditor's name and mailing address <b>Nissen, Erik A.</b> <b>2780 Indian Creek Road</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1917	Priority creditor's name and mailing address <b>NIXON, MEGAN</b> <b>692 GAMBLE ROAD</b> <b>Oakdale, PA 15071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1918	Priority creditor's name and mailing address <b>NOACK, SAVANNAH E.</b> <b>4375 SOUTHFIELD PL.</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1919	Priority creditor's name and mailing address <b>NOEL, SANTIAGO</b> <b>219 ASH DR</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1920	Priority creditor's name and mailing address <b>NOMICHIT, LEEANN P.</b> <b>3208 WEST LINDA LANE</b> <b>Peoria, IL 61605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1921	Priority creditor's name and mailing address <b>NOORI, FLOWRA</b> <b>559 N SOMERSET TERR</b> <b>Unit A</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1922	Priority creditor's name and mailing address <b>NORD, RILEY</b> <b>920 Willow Creek PI #8</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1923	Priority creditor's name and mailing address <b>NORDHEIM, ALEXIS N.</b> <b>1794 VALENCIA DRIVE</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1924	Priority creditor's name and mailing address <b>NORDLUND, TREVER</b> <b>41299 COUNTY RD 1</b> <b>Rice, MN 56367</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1925	Priority creditor's name and mailing address <b>NORMAN, RANDY L.</b> <b>7080 OAK GROVE BLVD</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1926	Priority creditor's name and mailing address <b>NORTHINGTON, TRAVIS</b> <b>2705 ELM ST N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1927	Priority creditor's name and mailing address <b>NOSEK, CECILIA M.</b> <b>471 TOBIN DR</b> <b>309</b> <b>Inkster, MI 48141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1928	Priority creditor's name and mailing address <b>Nost, Jaxon P.</b> <b>1235 Lindale Drive</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1929	Priority creditor's name and mailing address <b>NOTCH, NOAH</b> <b>7510 SW 9TH STREET</b> <b>Des Moines, IA 50315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1930	Priority creditor's name and mailing address <b>NOVAK, CLAYTON S.</b> <b>426 9TH AVE S</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.1931	Priority creditor's name and mailing address <b>Novy, GIANNA</b> <b>240 S Lincoln Ave</b> <b>Aurora, IL 60505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1932	Priority creditor's name and mailing address <b>Nowak, Michael L.</b> <b>2547 Greenway</b> <b>Toledo, OH 43607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1933	Priority creditor's name and mailing address <b>NUNEZ, JUAN</b> <b>1075 HIGGINS QUARTERS DR</b> <b>206</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1934	Priority creditor's name and mailing address <b>NUNEZ, TRICIA</b> <b>337 S. Marias Ave</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	19-43756
2.1935	<b>Priority creditor's name and mailing address</b> <b>Nurse, Javon</b> <b>3814 64th Ave</b> <b>Hyattsville, MD 20784</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1936	<b>Priority creditor's name and mailing address</b> <b>NUSBAUM, ISABELLA</b> <b>13758 170TH ST</b> <b>Bonner Springs, KS 66012</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1937	<b>Priority creditor's name and mailing address</b> <b>NYBO, LEAH</b> <b>9600 99TH AVE. N.</b> <b>Osseo, MN 55369</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1938	<b>Priority creditor's name and mailing address</b> <b>NYGARD, JASON</b> <b>3450 COUNTY ROAD T</b> <b>Metamora, OH 43540</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1939	Priority creditor's name and mailing address <b>O'Farrill, Orlando</b> <b>4507 NE 19th Avenue</b> <b>Des Moines, IA 50317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1940	Priority creditor's name and mailing address <b>O'HALLORAN, AUTUMN</b> <b>30242 BUCKINGHAM</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1941	Priority creditor's name and mailing address <b>O'NEILL, SHANNON</b> <b>1701 New Haven Ave</b> <b>Pittsburgh, PA 15216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1942	Priority creditor's name and mailing address <b>OBAYES, HUSSEIN S.</b> <b>3219 18TH ST S</b> <b>305</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1943	Priority creditor's name and mailing address <b>Oberholtzer, Sarah</b> <b>1804 Michigan Avenue, Apt. 108</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1944	Priority creditor's name and mailing address <b>Obsniuk, Elyse B.</b> <b>29455 James St.</b> <b>Garden City, MI 48135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1945	Priority creditor's name and mailing address <b>Ocampo, Bryan J.</b> <b>1501 West Main Street #35</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1946	Priority creditor's name and mailing address <b>Ocampo, Fermin</b> <b>4716 Arbor Dr Apt 116</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1947	Priority creditor's name and mailing address <b>OCAMPO, GEORGE M.</b> <b>700 WEST MEADE BLVD</b> <b>Lot 116</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1948	Priority creditor's name and mailing address <b>OCHOA, JOSHUA P.</b> <b>2857 Georgia Ave S</b> <b>Minneapolis, MN 55426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1949	Priority creditor's name and mailing address <b>OCHOA, JOSHUA P.</b> <b>2857 Georgia Ave S</b> <b>Minneapolis, MN 55426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1950	Priority creditor's name and mailing address <b>OCHOA, MERCEDEZ G.</b> <b>15993 HAVELOCK CT</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1951	Priority creditor's name and mailing address <b>ODRISCOLL, PEYTON</b> <b>4604 DESERT VARNISH DRIVE</b> <b>Colorado Springs, CO 80922</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1952	Priority creditor's name and mailing address <b>OFARRELL, SHANNON N.</b> <b>13730 HERITAGE</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1953	Priority creditor's name and mailing address <b>OHL, DANIEL</b> <b>7895 LEEWARD AVE. N.</b> <b>Stillwater, MN 55082</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1954	Priority creditor's name and mailing address <b>OLAFSON, JOSH S.</b> <b>5808 W CHADWICK PL</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1955	Priority creditor's name and mailing address <b>OLEA, JOSE L.</b> <b>1107 GROVE ST</b> <b>Aurora, IL 60505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1956	Priority creditor's name and mailing address <b>OLIN, ZACHARY</b> <b>1800 County Rd D</b> <b>Saint Paul, MN 55112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1957	Priority creditor's name and mailing address <b>Oliver Jr., George T.</b> <b>1910 Falcon Hill Place</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1958	Priority creditor's name and mailing address <b>OLIVER, MARCUS J.</b> <b>37525 FOUNTAIN PARK</b> <b>Unit 505</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1959	Priority creditor's name and mailing address <b>OLIVERAS, SCOTT A.</b> <b>4144 MEADOWLARK WAY</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1960	Priority creditor's name and mailing address <b>Ollie, Michael</b> <b>1099 Van Dyke</b> <b>Apt 106</b> <b>Detroit, MI 48214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1961	Priority creditor's name and mailing address <b>OLLIS, TENNAYE M.</b> <b>652 E KIRBY</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1962	Priority creditor's name and mailing address <b>OLSEN, SETH D.</b> <b>860 EMERALD ST.</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.1963	Priority creditor's name and mailing address <b>OLSON, KIRRA</b> <b>5005 E 26TH ST</b> <b>Unit 5</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1964	Priority creditor's name and mailing address <b>Olson, Sonda L.</b> <b>345 Cedar Street #309</b> <b>Saint Paul, MN 55105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1965	Priority creditor's name and mailing address <b>OLSON, THERESA</b> <b>445 HONOR DR</b> <b>Apt 120</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1966	Priority creditor's name and mailing address <b>OLVERA-PEREZ, LACEY M.</b> <b>316 FAIRVIEW BLVD.</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.1967	Priority creditor's name and mailing address <b>OMANA, JOEL J.</b> <b>8209 17TH AVE</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1968	Priority creditor's name and mailing address <b>OMARI, AMINEH</b> <b>9230 PARK PLACE</b> <b>Tinley Park, IL 60487</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1969	Priority creditor's name and mailing address <b>ONEAL, KRISTIN</b> <b>4017 AVONDALE STREET</b> <b>Fort Wayne, IN 46803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1970	Priority creditor's name and mailing address <b>ONGJOCO, ELIZABETH T.</b> <b>409 UNIVERSITY AVE SE</b> <b>14</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1971	<b>Priority creditor's name and mailing address</b> <b>OPITZ, TANYA</b> <b>3419 NICOLLET AVE</b> <b>204</b> <b>Minneapolis, MN 55408</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1972	<b>Priority creditor's name and mailing address</b> <b>OQUELI, BYRON S.</b> <b>3948 OKLAND AVE S</b> <b>Apt 2</b> <b>Minneapolis, MN 55407</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1973	<b>Priority creditor's name and mailing address</b> <b>Orak, Alexa L.</b> <b>1208 Parkwood Ct.</b> <b>Burnsville, MN 55337</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.1974	<b>Priority creditor's name and mailing address</b> <b>ORELLANA MENDEZ, ANA</b> <b>CRISTAL C</b> <b>1071 Rochester Rd</b> <b>Apt 19</b> <b>Troy, MI 48083</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	<b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.1975	Priority creditor's name and mailing address <b>ORITI, ABIGAIL A.</b> <b>3956 VEZBER DR.</b> <b>Independence, OH 44131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1976	Priority creditor's name and mailing address <b>ORLICH, EMILY</b> <b>3031 Pitchfork Lane</b> <b>Mc Kees Rocks, PA 15136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1977	Priority creditor's name and mailing address <b>OROZCO DIAZ, MIGUEL</b> <b>8915 OLD CEDAR APT 102</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1978	Priority creditor's name and mailing address <b>ORTEGA, MADELYN</b> <b>1629 FORDHAM ST</b> <b>Bolingbrook, IL 60490</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1979	Priority creditor's name and mailing address <b>ORTEGA, PABLO</b> <b>12220 S Strang Line Ct</b> <b>Apt 1302</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1980	Priority creditor's name and mailing address <b>ORTEGA, STEVE R.</b> <b>604 S. Williams Ave</b> <b>Apt 7</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1981	Priority creditor's name and mailing address <b>ORTEGA-GARZARO, AXEL S.</b> <b>604 S. WILLIAMS AVE</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1982	Priority creditor's name and mailing address <b>Ortiz Zaragoza, Jose Guadalupe</b> <b>15829 Gooseberry Way</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1983	Priority creditor's name and mailing address <b>ORTIZ, ANA</b> <b>44 AFTON DR</b> <b>Montgomery, IL 60538</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1984	Priority creditor's name and mailing address <b>ORTIZ, DIANA</b> <b>689 BIRCHWOOD DR</b> <b>Bolingbrook, IL 60490</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1985	Priority creditor's name and mailing address <b>ORTIZ, JESUS</b> <b>1856 S PHILLIP DR</b> <b>3B</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1986	Priority creditor's name and mailing address <b>ORTIZ, LUIS J.</b> <b>5506 OLD DOVER BLVD</b> <b>Apt 1</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1987	Priority creditor's name and mailing address <b>ORTIZ, MARISOL</b> <b>14414 S 28TH ST</b> <b>Bellevue, NE 68123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1988	Priority creditor's name and mailing address <b>ORTIZ, PEDRO</b> <b>1728 EASTMORELAND AVE</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1989	Priority creditor's name and mailing address <b>ORTIZ-MOLINA, JOSE L.</b> <b>1423 VASSAR RD</b> <b>Rockford, IL 61103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1990	Priority creditor's name and mailing address <b>OSBURN, GAGE R.</b> <b>4470 NW 142ND ST</b> <b>104</b> <b>Urbandale, IA 50323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1991	Priority creditor's name and mailing address <b>OSMUNDSON, PAIGE</b> <b>729 WASHINGTON MEMORIAL DRIVE</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1992	Priority creditor's name and mailing address <b>OSTORGA, YAMILETH</b> <b>609 SALISBURY</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1993	Priority creditor's name and mailing address <b>OSTROWSKI, JONATHON C.</b> <b>13043 PROMONTORY TRL</b> <b>Roscoe, IL 61073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.1994	Priority creditor's name and mailing address <b>Ott, Elizabeth A.</b> <b>1135 4th AVE</b> <b>Freedom, PA 15042</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.1995	Priority creditor's name and mailing address <b>Outerbridge, Christine A.</b> <b>8374 Indian Head Hwy. Apt. B1</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1996	Priority creditor's name and mailing address <b>Oviedo, Edgardo J.</b> <b>686 Ballantyne Lane</b> <b>Spring Lake Park, MN 55432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1997	Priority creditor's name and mailing address <b>OVITT, BRADLEY C.</b> <b>108 3RD STREET</b> <b>Horace, ND 58047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1998	Priority creditor's name and mailing address <b>OWENS, CRYSTAL J.</b> <b>17408 E 12 MILE RD</b> <b>Roseville, MI 48066</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.1999	Priority creditor's name and mailing address <b>PABLO MATEO, ANTONIA</b> <b>2620 S LOUISE AVE</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2000	Priority creditor's name and mailing address <b>PACE, THOMAS A.</b> <b>5500 N FLINT RIDGE RD</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2001	Priority creditor's name and mailing address <b>PACKER, SEAN</b> <b>4027 Fairway Drive</b> <b>Aliquippa, PA 15001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2002	Priority creditor's name and mailing address <b>Paesani, Victoria</b> <b>512 Winwood Circle</b> <b>Walled Lake, MI 48390</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2003	Priority creditor's name and mailing address <b>Pagel, Elinor S.</b> <b>941 17th Avenue SE Apt. 9</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2004	Priority creditor's name and mailing address <b>PALACIOS, EDGAR</b> <b>505 N OHIO ST</b> <b>Aurora, IL 60505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2005	Priority creditor's name and mailing address <b>PALACIOS, ELIGIO</b> <b>505 N OHIO ST</b> <b>Aurora, IL 60505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2006	Priority creditor's name and mailing address <b>PALENCIA, LESTER J.</b> <b>560 10TH AVE S</b> <b>204</b> <b>Waite Park, MN 56387</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2007	Priority creditor's name and mailing address <b>PALLOZOLA, ISZA B.</b> <b>16460 WESTKNOLL COVE DR</b> <b>Chesterfield, MO 63017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2008	Priority creditor's name and mailing address <b>Palm, Jacob R.</b> <b>14271 214th Avenue NW</b> <b>Elk River, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2009	Priority creditor's name and mailing address <b>PALMA, JORGE</b> <b>2870 BISTROL DR</b> <b>309</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2010	Priority creditor's name and mailing address <b>PANADERO-GONZALEZ, ELIZABETH</b> <b>5812 84 1/2 Ave</b> <b>Minneapolis, MN 55443</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2011	Priority creditor's name and mailing address <b>Pantaleon Tobon, Rosalba</b> <b>3209 Portland Avenue</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2012	Priority creditor's name and mailing address <b>PAPADELIS, NIKI D.</b> <b>3301 JOHN R ROAD</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2013	Priority creditor's name and mailing address <b>PARKER, AFTON</b> <b>2605 CENTRAL AVENUE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2014	Priority creditor's name and mailing address <b>Parker, Marshall E.</b> <b>700 Westminister Drive #B4</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2015	Priority creditor's name and mailing address <b>PARKER, NICKALS L.</b> <b>579 OHIO ST.</b> <b>Saint Paul, MN 55107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2016	Priority creditor's name and mailing address <b>Parker, Trevon K.</b> <b>20220 Santarosa</b> <b>Detroit, MI 48221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2017	Priority creditor's name and mailing address <b>PARKS, AMANDA M.</b> <b>812 TRUDY LN.</b> <b>O Fallon, MO 63366</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2018	Priority creditor's name and mailing address <b>PARR, RYAN C.</b> <b>9498 BAYWOOD</b> <b>Plymouth, MI 48170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2019	Priority creditor's name and mailing address <b>Parrish, Elizabeth</b> <b>570 Church Street E</b> <b>Brentwood, TN 37027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2020	Priority creditor's name and mailing address <b>PASQUIN, WILLIAM S.</b> <b>743 HIGHLAND AVE.</b> <b>Clawson, MI 48017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2021	Priority creditor's name and mailing address <b>Pasquin, William S.</b> <b>45925 Spring Lane #202</b> <b>Utica, MI 48317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2022	Priority creditor's name and mailing address <b>PASZKIEWICZ, KAREN</b> <b>2421 SUMAC CIR</b> <b>Glenview, IL 60025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2023	Priority creditor's name and mailing address <b>PATCH, WILLIAM S.</b> <b>1006 LAKE AVE</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2024	Priority creditor's name and mailing address <b>PATIERNO, BRANDON J.</b> <b>6204 NEWBERRY RD</b> <b>302</b> <b>Indianapolis, IN 46256</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2025	Priority creditor's name and mailing address <b>Patino, Valentin</b> <b>1306 W Smith St.</b> <b>Peoria, IL 61605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2026	Priority creditor's name and mailing address <b>PATRICK, DIAMONE</b> <b>14804 STRATFORD CT</b> <b>Apt B</b> <b>Bridgeton, MO 63044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2027	Priority creditor's name and mailing address <b>PATRICK, TRAVIS D.</b> <b>1819 56TH AVE S</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2028	Priority creditor's name and mailing address <b>PATTERSON JR, DONNIE W.</b> <b>2501 KIELEEN AVE</b> <b>2B</b> <b>Saint Louis, MO 63121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2029	Priority creditor's name and mailing address <b>Patterson, Daniel</b> <b>1201 E. 11 Mile Road #307</b> <b>Southfield, MI 48076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2030	Priority creditor's name and mailing address <b>PAYNE, RAINA</b> <b>864 MASON LANE</b> <b>Des Plaines, IL 60016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	19-43756
2.2031	Priority creditor's name and mailing address <b>PAYTON-SMITH, JESSICA</b> <b>2507 SENATOR AVE</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2032	Priority creditor's name and mailing address <b>PCHECO, ROLANDO</b> <b>2730 N 8TH STREET</b> <b>Kansas City, KS 66101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2033	Priority creditor's name and mailing address <b>PEARSON, HEIDI A.</b> <b>3006 ABBOTT AVE N</b> <b>Minneapolis, MN 55422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2034	Priority creditor's name and mailing address <b>PECHA, VALERIE</b> <b>3121 CHOWEN AVE. S.</b> <b>Minneapolis, MN 55416</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2035	Priority creditor's name and mailing address <b>Pederson, Breeya M.</b> <b>1601 N. University Drive #228</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2036	Priority creditor's name and mailing address <b>Pedraza, Jose L.</b> <b>101 Conquest Court</b> <b>Unionville, TN 37180</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2037	Priority creditor's name and mailing address <b>PEHLIVANOVIC, ANELA</b> <b>1364 MCDOWELL RD</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2038	Priority creditor's name and mailing address <b>PELCH, RYAN T.</b> <b>4002 18TH AVE SOUTH</b> <b>306</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2039	Priority creditor's name and mailing address <b>PENA, GILLIAN G.</b> <b>1855 NORTH LAKE DR.</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2040	Priority creditor's name and mailing address <b>PEREZ COBO, MOISES</b> <b>3215 CARLISLE ST. NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2041	Priority creditor's name and mailing address <b>PEREZ LOPEZ, JUAN</b> <b>7108 63 AVN</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2042	Priority creditor's name and mailing address <b>PEREZ ORTIZ, ISAIAS</b> <b>1919 MASHIE DR</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2043	Priority creditor's name and mailing address <b>PEREZ PASTOR, ENRIQUE</b> <b>2128 NORTH TOWNE NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2044	Priority creditor's name and mailing address <b>PEREZ VELAZQUEZ, JORGE</b> <b>1613 E CEDAR PL</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2045	Priority creditor's name and mailing address <b>PEREZ, ANALYCIA M.</b> <b>2022 SHADYBROOK DR</b> <b>Fort Wayne, IN 46803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2046	Priority creditor's name and mailing address <b>PEREZ, ANGELA R.</b> <b>3305 CONCORD</b> <b>Trenton, MI 48183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2047	Priority creditor's name and mailing address <b>PEREZ, DUNIA Y.</b> <b>5400 BERKSHIRE BVLD AVE</b> <b>202</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2048	Priority creditor's name and mailing address <b>PEREZ, HUGO</b> <b>202 OAK DRIVE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2049	Priority creditor's name and mailing address <b>PEREZ, IRVIN E.</b> <b>1761 STONE COURT</b> <b>Shakopee, MN 55379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2050	Priority creditor's name and mailing address <b>Perez, Jose J.</b> <b>600N Salem Drive #108</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)	19-43756
<b>2.2051</b> Priority creditor's name and mailing address <b>PEREZ, JUAN</b> <b>1613 E CEDAR PL</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.2052</b> Priority creditor's name and mailing address <b>PEREZ, MARIA</b> <b>10301 DEVONSHIRE ROAD</b> <b>Apt 308</b> <b>Minneapolis, MN 55431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.2053</b> Priority creditor's name and mailing address <b>PEREZ, RUBEN</b> <b>5229 CAMPBELL'S RUN</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.2054</b> Priority creditor's name and mailing address <b>Perezgrovas, Guillermo</b> <b>2599 Lexington Avenue N. TRL 5</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2055	Priority creditor's name and mailing address <b>PERINO, BRADY M.</b> <b>868 MAPLE LANE</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2056	Priority creditor's name and mailing address <b>Perry, Keith</b> <b>430 41st Street</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2057	Priority creditor's name and mailing address <b>Perry, Mary Catherine</b> <b>1036 3rd Avenue</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2058	Priority creditor's name and mailing address <b>Perry, Nicholas R.</b> <b>7807 NW ROANRIDGE RD</b> <b>Apt K</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2059	Priority creditor's name and mailing address <b>PERRY, VIRGINIA</b> <b>1036 3RD AVENUE</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2060	Priority creditor's name and mailing address <b>PERSICHINI, ANGELA D.</b> <b>22555 ALEXANDER</b> <b>Saint Clair Shores, MI 48081</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2061	Priority creditor's name and mailing address <b>PETERSEN, KARL</b> <b>2506 N. Wright Ave.</b> <b>Sioux Falls, SD 57107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2062	Priority creditor's name and mailing address <b>PETERSON, ABIGAIL L.</b> <b>44531 218TH</b> <b>Oldham, SD 57051</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.2063	Priority creditor's name and mailing address <b>PETERSON, RANAE M.</b> <b>404 Oak Street</b> <b>Farmington, MN 55024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2064	Priority creditor's name and mailing address <b>PETERSON, TIFFANY L.</b> <b>6066 YUKON AVE N</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2065	Priority creditor's name and mailing address <b>PETERSON, TYLER S.</b> <b>975 GALTIER ST</b> <b>Saint Paul, MN 55117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2066	Priority creditor's name and mailing address <b>PFLUEGER, ALEC S.</b> <b>1535 7TH STREET S</b> <b>203</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2067	Priority creditor's name and mailing address <b>PHAN, CEDE</b> <b>2030 N 64TH ST</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2068	Priority creditor's name and mailing address <b>Philbee, Kristin</b> <b>342 Maria St</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2069	Priority creditor's name and mailing address <b>PICKENS, EDWARD</b> <b>2120 E STATE ST</b> <b>Rockford, IL 61104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2070	Priority creditor's name and mailing address <b>PICOLO, MARY K.</b> <b>804 DELRAY DR</b> <b>Nashville, TN 37209</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2071	Priority creditor's name and mailing address <b>PIGG, BRITTANY C.</b> <b>15154 FORDLINE</b> <b>Southgate, MI 48195</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2072	Priority creditor's name and mailing address <b>PIKE, HANNAH C.</b> <b>519 COUNTRYWOOD DR</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2073	Priority creditor's name and mailing address <b>PINA, MARIANO</b> <b>3237 WEST MILTON AVE</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2074	Priority creditor's name and mailing address <b>PINEDA, ANTONIO</b> <b>301 E BURNSVILLE PARKWAY</b> <b>Unit 224</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2075	Priority creditor's name and mailing address <b>Pineda, Mercedes</b> <b>812 Kishwaukee</b> <b>Rockford, IL 61104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2076	Priority creditor's name and mailing address <b>Pineda, Rosvin R.</b> <b>3028 3rd Avenue S #2</b> <b>Minneapolis, MN 55408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2077	Priority creditor's name and mailing address <b>PINNON, PAYTON</b> <b>4811 MOHAWK RD</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2078	Priority creditor's name and mailing address <b>PIOTROWICZ, CYNTHIA R.</b> <b>9540 BATAAN DR</b> <b>Saint Louis, MO 63134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2079	Priority creditor's name and mailing address <b>PIRILLIS, ALLAN A.</b> <b>1951 DAKOTA DR N</b> <b>Apt 202</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2080	Priority creditor's name and mailing address <b>PIZER, TAMBERLY</b> <b>5025 PHEASANT WALK</b> <b>Imperial, PA 15126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2081	Priority creditor's name and mailing address <b>Place, Daniel</b> <b>2650 Beaver Road</b> <b>Ambridge, PA 15003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2082	Priority creditor's name and mailing address <b>Plank, Megan H.</b> <b>7807 NW Roanridge Rd.</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2083	Priority creditor's name and mailing address <b>PLATT, JEDEIAH</b> <b>1 FORT PITT ROAD EXT</b> <b>Carnegie, PA 15106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2084	Priority creditor's name and mailing address <b>PLAYER, MARCUS</b> <b>7200 JAYWICK AVE</b> <b>506</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2085	Priority creditor's name and mailing address <b>PLIEGO CID, CORY C.</b> <b>3135 Fox Hill Road</b> <b>Aurora, IL 60504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2086	Priority creditor's name and mailing address <b>PLOWMAN, CHRISTAN E.</b> <b>227 NW 112th st</b> <b>Kansas City, MO 64155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2087	Priority creditor's name and mailing address <b>PLUMA, FIDENCIO</b> <b>8964 OLDEN AVE</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2088	Priority creditor's name and mailing address <b>PLUMA, JULIETA</b> <b>8964 OLDEN AVE</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2089	Priority creditor's name and mailing address <b>PLUMA, MARILU P.</b> <b>9641 Huron Drive</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2090	Priority creditor's name and mailing address <b>Pluma, Marilu P.</b> <b>2291 Woodgrass Drive</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2091	Priority creditor's name and mailing address <b>PLUMA, YENI</b> <b>9141 Brownrige</b> <b>Saint Louis, MO 63132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2092	Priority creditor's name and mailing address <b>POCRNICH, KAITLYNN</b> <b>1724 5TH AVE N</b> <b>Grand Forks, ND 58203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2093	Priority creditor's name and mailing address <b>POEPPING, JARED</b> <b>3559 WILDFLOWER RD</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2094	Priority creditor's name and mailing address <b>Polanco-Chacon, Juan</b> <b>1270 Mary Ann Rd.</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2095	Priority creditor's name and mailing address <b>POLLARD, JAMIE L.</b> <b>4340 CLEARWATER ROAD</b> <b>310</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2096	Priority creditor's name and mailing address <b>POMPA, MARIBEL</b> <b>2201 S10 ST</b> <b>111</b> <b>Lincoln, NE 68502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2097	Priority creditor's name and mailing address <b>Ponce, Diana</b> <b>5805 N Cypress Drive</b> <b>Apt 3106</b> <b>Peoria, IL 61615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2098	Priority creditor's name and mailing address <b>POPE, DNIA M.</b> <b>8826 HARDESTY DRIVE</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2099	Priority creditor's name and mailing address <b>POPOVICH, KYLA</b> <b>1711 Brownstone Blvd.</b> <b>Apt 2</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2100	Priority creditor's name and mailing address <b>Poppert, Brandon G.</b> <b>10850 N. 136th Street</b> <b>Waverly, NE 68462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2101	Priority creditor's name and mailing address <b>PORCAYO, BENJAMIN</b> <b>1019 Westshire Dr.</b> <b>Joliet, IL 60435</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2102	Priority creditor's name and mailing address <b>PORTILLO, ELIO</b> <b>3851 SAINT BARNABAS RD</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2103	Priority creditor's name and mailing address <b>PORCILLO, RAUL A.</b> <b>302 HALEY PL.</b> <b>Tea, SD 57064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2104	Priority creditor's name and mailing address <b>Posey, Robin A.</b> <b>4850 Brierwood Road</b> <b>La Plata, MD 20646</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2105	Priority creditor's name and mailing address <b>POST, ALLISON</b> <b>490 EDINBURGH AVE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2106	Priority creditor's name and mailing address <b>POTTER, BRETT</b> <b>4901 W Equestrian Pl</b> <b>4208</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2107	Priority creditor's name and mailing address <b>POUND, MIRANDA</b> <b>627 N OAKLAND AVE</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2108	Priority creditor's name and mailing address <b>POWELL, AARON</b> <b>503 EAST SOUTH STREET</b> <b>Geneseo, IL 61254</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2109	Priority creditor's name and mailing address <b>POWERS, BRANDON G.</b> <b>8430 W 86TH ST</b> <b>Overland Park, KS 66212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2110	Priority creditor's name and mailing address <b>PRESSON, DEJANAE M.</b> <b>5509 KENWOOD ST</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2111 Priority creditor's name and mailing address  
**PRICE, CLIFFORD J.**  
**1015 CHELTON AVE**  
**Pittsburgh, PA 15226**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2112 Priority creditor's name and mailing address  
**Price, Clifford J.**  
**114 Polo Club Drive**  
**Coraopolis, PA 15108**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2113 Priority creditor's name and mailing address  
**Price, Maddie**  
**6806 S 81st Street**  
**Omaha, NE 68127**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2114 Priority creditor's name and mailing address  
**Price, Malaika**  
**16750 Blackjack Oak In.**  
**Apt 302**  
**Woodbridge, VA 22191**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

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2.2115	Priority creditor's name and mailing address <b>PRICE, NICHOLAS J.</b> <b>1808 E 6TH ST</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2116	Priority creditor's name and mailing address <b>Priest, Sadie A.</b> <b>1802 5th Street #3</b> <b>Wyandotte, MI 48192</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2117	Priority creditor's name and mailing address <b>Prior, Robert</b> <b>6609 West Bancroft #A6</b> <b>Toledo, OH 43615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2118	Priority creditor's name and mailing address <b>PROCTOR, LATIKA D.</b> <b>1725 ADDISON RD S</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2119	Priority creditor's name and mailing address <b>PRUETT, CARSON J.</b> <b>2203 S HOLT AVE</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2120	Priority creditor's name and mailing address <b>Pruitt, Rylee G.</b> <b>1717 40th Street S. #127</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2121	Priority creditor's name and mailing address <b>Purchase, Nia M.</b> <b>2270 Hillview Drive</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2122	Priority creditor's name and mailing address <b>QUEBRADO, JUAN C.</b> <b>55624 Vest Ave</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2123	Priority creditor's name and mailing address <b>Quebrado, Juan C.</b> <b>55624 Vest Avenue</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2124	Priority creditor's name and mailing address <b>QUIJANO, NATALIE D.</b> <b>17730 SW 152 AVE</b> <b>Miami, FL 33187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2125	Priority creditor's name and mailing address <b>QUINTANA, FIDEL G.</b> <b>247 NORTHEAST ST</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2126	Priority creditor's name and mailing address <b>QUINTANA, HUGO</b> <b>5144 Truemper Way Apt 6</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2127	Priority creditor's name and mailing address <b>Quintana, Jose</b> <b>729 Warwick Ave</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2128	Priority creditor's name and mailing address <b>QUINTANA, TERESA M.</b> <b>9975 SW 218TH TERRACE</b> <b>Miami, FL 33190</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2129	Priority creditor's name and mailing address <b>QUINTERO VARA, SILVESTRE</b> <b>3041 PARK AVE.</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2130	Priority creditor's name and mailing address <b>QUISENBERRY, RACHEL R.</b> <b>311 MARIA STREET</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2131	Priority creditor's name and mailing address <b>QUITO, FREDDY L.</b> <b>4420 SOUTH PARK DR</b> <b>Fort Wayne, IN 46806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2132	Priority creditor's name and mailing address <b>RACETTE, STEVEN P.</b> <b>7245 Guider Dr</b> <b>Apt 220</b> <b>Saint Paul, MN 55125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2133	Priority creditor's name and mailing address <b>Rada, Leslie</b> <b>913 E. 6th Street</b> <b>Muscataine, IA 52761</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2134	Priority creditor's name and mailing address <b>RADOCHONSKI, CHRISTINE L.</b> <b>706 W DORSET AVENUE</b> <b>Palatine, IL 60067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2135 Priority creditor's name and mailing address  
**RAGAN, CATHERINE A.**  
**4375 10TH AVE S**  
**209**  
**Fargo, ND 58103**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2136 Priority creditor's name and mailing address  
**RAGAN, CATHERINE A.**  
**909 43rd St SW #301**  
**Fargo, ND 58103**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2137 Priority creditor's name and mailing address  
**RAGNER, GRANT A.**  
**816 PRAIRE VIEW DRIVE**  
**West Des Moines, IA 50266**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2138 Priority creditor's name and mailing address  
**RAHJA, LISA L.**  
**8501 W LAVERN WIPF ST**  
**Sioux Falls, SD 57106**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2139	Priority creditor's name and mailing address <b>RAINOLDI, MATTHEW R.</b> <b>381 QUAIL RIDGE CT</b> <b>Waterford, MI 48327</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2140	Priority creditor's name and mailing address <b>RALLS, TIFFANY M.</b> <b>918 W 22</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2141	Priority creditor's name and mailing address <b>Ramirez, Alvaro</b> <b>21 W 549 North Ave</b> <b>Apt 127</b> <b>Lombard, IL 60148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2142	Priority creditor's name and mailing address <b>RAMIREZ, CARLOS L.</b> <b>15901 W 144TH ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2143 Priority creditor's name and mailing address

**RAMIREZ, ELISA**  
**4018 IZARD ST**  
**Omaha, NE 68131**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2144 Priority creditor's name and mailing address

**RAMIREZ, FRANKIE**  
**4038 MONACO DRIVE**  
**Apt E**  
**Indianapolis, IN 46220**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2145 Priority creditor's name and mailing address

**RAMIREZ, GABRIELA**  
**9641 HURON DR**  
**Saint Louis, MO 63132**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2146 Priority creditor's name and mailing address

**Ramirez, Gabriela**  
**1169 Saratoga Drive**  
**Saint Charles, MO 63303**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2147	Priority creditor's name and mailing address <b>RAMIREZ, JERARDO</b> <b>626 MANCHESTER DR</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2148	Priority creditor's name and mailing address <b>RAMIREZ, JIMENA L.</b> <b>6220 NEBRASKA AVE</b> <b>Omaha, NE 68104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2149	Priority creditor's name and mailing address <b>RAMIREZ, JOSUE</b> <b>240 Fernhill Ave</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2150	Priority creditor's name and mailing address <b>RAMIREZ, LAURA</b> <b>902 S. 27 ST</b> <b>Omaha, NE 68105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2151	Priority creditor's name and mailing address <b>RAMIREZ, MARIA E.</b> <b>6220 NEBRASKA AV.</b> <b>Omaha, NE 68104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2152	Priority creditor's name and mailing address <b>RAMIREZ, OTTO W.</b> <b>5500 W 44TH ST</b> <b>15</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2153	Priority creditor's name and mailing address <b>RAMIREZ, URIEL</b> <b>724 W 17TH ST</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2154	Priority creditor's name and mailing address <b>RAMOS, ARMANDO</b> <b>454 1/2 Chicago St.</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2155	Priority creditor's name and mailing address <b>RAMOS, AURORA</b> <b>1524 E BURT Drive</b> <b>64</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2156	Priority creditor's name and mailing address <b>RAMOS, JOSE V.</b> <b>1524 E BURT DR</b> <b>64</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2157	Priority creditor's name and mailing address <b>RAMOS, JUAN</b> <b>904 W Philadelphia St</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2158	Priority creditor's name and mailing address <b>Ramos, Marcos F.</b> <b>1524 E. Burt Drive Unit 1A</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.2159	Priority creditor's name and mailing address <b>RAMOS, TABITHA B.</b> <b>904 W PHILADELPHIA ST.</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2160	Priority creditor's name and mailing address <b>RAMOS-CAMARILLO, ANDREA A.</b> <b>3909 CLINTON AVE S</b> <b>Minneapolis, MN 55409</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2161	Priority creditor's name and mailing address <b>RAMOZ, VICTOR D.</b> <b>903 Century Rd</b> <b>Apt 104</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2162	Priority creditor's name and mailing address <b>RAMSEY, HEATHER N.</b> <b>7814 N NODAWAY AVE</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2163	Priority creditor's name and mailing address <b>RAMSEY, ZACHARY</b> <b>1809 260TH AVE</b> <b>Delmar, IA 52037</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2164	Priority creditor's name and mailing address <b>RASCON, ALEXIZ</b> <b>1026 N MAIN AVE</b> <b>Tea, SD 57064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2165	Priority creditor's name and mailing address <b>RASMUSSEN, ISABELLA</b> <b>403 7TH AVE. S</b> <b>5</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2166	Priority creditor's name and mailing address <b>RAUSCH, LINDA R.</b> <b>129 LAKE VIEW DRIVE</b> <b>Warroad, MN 56763</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2167	Priority creditor's name and mailing address <b>RAVELO, CATHERINE A.</b> <b>1740 SW 87 COURT</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2168	Priority creditor's name and mailing address <b>RAYMUNDO, JEREMIAS</b> <b>4941 TAMA ST</b> <b>Apt 1</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2169	Priority creditor's name and mailing address <b>Raynor, Katherine T.</b> <b>12494 S. Sagebrush Drive</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2170	Priority creditor's name and mailing address <b>Rector, Elizabeth L.</b> <b>7 Chapel Ridge Circle #J</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2171	Priority creditor's name and mailing address <b>REDDEN, ARIELLE</b> <b>811 TENNESSEE AVE</b> <b>210</b> <b>Fort Wayne, IN 46806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2172	Priority creditor's name and mailing address <b>REDDICK, MARQUITA</b> <b>4547 DALLAS PL</b> <b>202</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2173	Priority creditor's name and mailing address <b>REDFORD, AVERY L.</b> <b>205 SOUTH 30TH STREET</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2174	Priority creditor's name and mailing address <b>REDMOND, RHENNE</b> <b>6710 SOUTHFIELD ROAD</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2175 Priority creditor's name and mailing address  
**REDNER, ALEXYS G.**  
**9423 RAVENHOLLOW RD**  
**Brentwood, TN 37027**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2176 Priority creditor's name and mailing address  
**REED, ALAN**  
**501 CALIFORNIA AVE**  
**Apt 5A**  
**Pittsburgh, PA 15202**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2177 Priority creditor's name and mailing address  
**REED, SARA A.**  
**4405 ASPEN DR**  
**West Des Moines, IA 50265**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2178 Priority creditor's name and mailing address  
**REED, SHERYL**  
**640 McHenry Rd**  
**#203**  
**Wheeling, IL 60090**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2179	Priority creditor's name and mailing address <b>REESE, DEANTHONY H.</b> <b>3486 TOWNSEND</b> <b>Detroit, MI 48214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2180	Priority creditor's name and mailing address <b>Reich, Lucas</b> <b>1121 Hamline Ave N</b> <b>#2-212</b> <b>Saint Paul, MN 55108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2181	Priority creditor's name and mailing address <b>REID, JAMES</b> <b>5912 NW 91st Terrace</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2182	Priority creditor's name and mailing address <b>REID, JESSICA</b> <b>1651 MORTON ST</b> <b>Lincoln, NE 68521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2183	Priority creditor's name and mailing address <b>REID, TIANNA C.</b> <b>4409 RENA RD</b> <b>202</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2184	Priority creditor's name and mailing address <b>REIFF, JEREMIAH A.</b> <b>38321 SUMMERS ST.</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2185	Priority creditor's name and mailing address <b>REINA, ANITA S.</b> <b>8303 ICON COURT</b> <b>Smyrna, TN 37167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2186	Priority creditor's name and mailing address <b>REINA, ANTHONY</b> <b>8303 ICON COURT</b> <b>Smyrna, TN 37167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2187	Priority creditor's name and mailing address <b>REINERT, TAYLER J.</b> <b>27 Luella St S</b> <b>Saint Paul, MN 55119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2188	Priority creditor's name and mailing address <b>REINERT, TAYLER J.</b> <b>27 Luella St S</b> <b>Saint Paul, MN 55119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2189	Priority creditor's name and mailing address <b>REKO, RACHEL S.</b> <b>910 9TH ST S</b> <b>Apt 1</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2190	Priority creditor's name and mailing address <b>REMACHE, NEY M.</b> <b>5428 5TH ST NE</b> <b>Apt 1</b> <b>Minneapolis, MN 55421</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.2191	Priority creditor's name and mailing address <b>RENO, ZACHARY A.</b> <b>8821 ELMHURST AVE</b> <b>Plymouth, MI 48170</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2192	Priority creditor's name and mailing address <b>RENTSCH, NICK</b> <b>715 Southeast 7th Ave</b> <b>Minneapolis, MN 55414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2193	Priority creditor's name and mailing address <b>Reuben, Cheryl</b> <b>920 Rolling Creek Drive NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2194	Priority creditor's name and mailing address <b>REUER, LINDSEY J.</b> <b>1500 LIONS PARK DR NW</b> <b>Unit 303</b> <b>Elk River, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2195	Priority creditor's name and mailing address <b>Reum Raymer, Eliot L.</b> <b>4519 Hoagland Avenue</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2196	Priority creditor's name and mailing address <b>REUTELER, LEAH</b> <b>12122 ZEALAND AVE N</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2197	Priority creditor's name and mailing address <b>REVERT, MATTHEW W.</b> <b>5648 ROTHMAN RD</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2198	Priority creditor's name and mailing address <b>REYES JIMINEZ, DANIEL</b> <b>1308 EAST 23RD ST</b> <b>Apt 1</b> <b>Minneapolis, MN 55404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2199	Priority creditor's name and mailing address <b>REYES, RICARDO A.</b> <b>13043 SW57TH TERR</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2200	Priority creditor's name and mailing address <b>REYNOLDS, MADELINE</b> <b>1900 Daleview Dr.</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2201	Priority creditor's name and mailing address <b>REYNOLDS, RONALD A.</b> <b>4247 OLD ARNO ROAD</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2202	Priority creditor's name and mailing address <b>RHODES, JULIE L.</b> <b>73 CENTURY DRIVE</b> <b>Roselle, IL 60172</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2203	Priority creditor's name and mailing address <b>Rice, Steven J.</b> <b>5646 Monrovia Street</b> <b>Shawnee, KS 66216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2204	Priority creditor's name and mailing address <b>RICH, BRANDON</b> <b>1011 KIRKWOOD BLVD.</b> <b>Davenport, IA 52803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2205	Priority creditor's name and mailing address <b>RICH, STEPHEN</b> <b>34538 MIDDLEBORO</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2206	Priority creditor's name and mailing address <b>Richards, Ronald</b> <b>826 Second St.</b> <b>Apt A</b> <b>Bowling Green, OH 43402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2207	Priority creditor's name and mailing address <b>RICHTER, BRYAN</b> <b>15420 Warwick</b> <b>Detroit, MI 48223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2208	Priority creditor's name and mailing address <b>RICKARD, SCOTT J.</b> <b>2503 FERNDAL AVE #1</b> <b>Ames, IA 50010</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2209	Priority creditor's name and mailing address <b>RICO ESPINOZA, SALVADOR</b> <b>4315 ORCHARD ST #1</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2210	Priority creditor's name and mailing address <b>RICO, OSWALDO</b> <b>1315 N 47TH ST #1</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2211	Priority creditor's name and mailing address <b>RIDLEY SR, JAMES</b> <b>902 21 ST NE</b> <b>Apt 108</b> <b>Washington, DC 20002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2212	Priority creditor's name and mailing address <b>RIES, JASON</b> <b>10801 WEST MILL RD</b> <b>Malcolm, NE 68402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2213	Priority creditor's name and mailing address <b>RIFE, BRITTANY D.</b> <b>3409 LIMA RD</b> <b>Fort Wayne, IN 46805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2214	Priority creditor's name and mailing address <b>RIHA, BAYLEE J.</b> <b>2948 N 43RD ST</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2215	Priority creditor's name and mailing address <b>RIHA, JORDYN</b> <b>2948 N 43RD ST.</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2216	Priority creditor's name and mailing address <b>RINCON EUROPA, CESAR</b> <b>9105 KENNEDY CT.</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2217	Priority creditor's name and mailing address <b>RINEHART, JASON M.</b> <b>429 Allen Ct</b> <b>Apt A</b> <b>Wheeling, IL 60090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2218	Priority creditor's name and mailing address <b>RIOS-GONZALEZ, ELDA</b> <b>9939 PORTLAND AVE. S</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2219	Priority creditor's name and mailing address <b>RIPLEY, DAN M.</b> <b>18 SOUTH 6TH ST.</b> <b>Waterville, OH 43566</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2220	Priority creditor's name and mailing address <b>RITA, JUAN L.</b> <b>6080 SPRING HOUSE PL</b> <b>3</b> <b>Bridgeville, PA 15017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2221	Priority creditor's name and mailing address <b>RITTER, RYAN E.</b> <b>8659 ALVARADO CT</b> <b>Inver Grove Heights, MN 55077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2222	Priority creditor's name and mailing address <b>Ritter, Samantha L.</b> <b>8324 174th Street West</b> <b>Lakeville, MN 55044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2223	Priority creditor's name and mailing address <b>RITTER, VICTORIA F.</b> <b>44524 BAYVIEW AVE</b> <b>Clinton Township, MI 48038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2224	Priority creditor's name and mailing address <b>Rivas Valencia, Elyanna V.</b> <b>1109 Palmer Road, Apt. 14</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2225	Priority creditor's name and mailing address <b>RIVAS, ALEJANDRO</b> <b>6445 Livingston Road</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2226	Priority creditor's name and mailing address <b>RIVAS, FRANCISCO</b> <b>863 Century Drive</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2227	Priority creditor's name and mailing address <b>Rivas, Katherine C.</b> <b>765 McMurray Drive K11</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2228	Priority creditor's name and mailing address <b>RIVERA, JOSE</b> <b>3141 5TH AVE</b> <b>Minneapolis, MN 55408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2229	Priority creditor's name and mailing address <b>RIVERA, JOSE</b> <b>2822 ROSE VALLEY DR</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2230	Priority creditor's name and mailing address <b>RIVERA, LUIS D.</b> <b>3803 PRIMROSE DR</b> <b>Waldorf, MD 20602</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2231	Priority creditor's name and mailing address <b>RIVERA, MANASES</b> <b>170 SOUTHVIEW DR</b> <b>Apt 4</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2232	Priority creditor's name and mailing address <b>RIVERA, NATALIE E.</b> <b>5360 28TH AVE S</b> <b>310</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2233	Priority creditor's name and mailing address <b>Rivers, Cynthia A.</b> <b>34329 Barton St</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2234	Priority creditor's name and mailing address <b>RIZVI, ALICIA</b> <b>1400 TWOMBLY RD</b> <b>Unit 2025</b> <b>Cortland, IL 60112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2235	Priority creditor's name and mailing address <b>RIZVI, DEAN</b> <b>1026 DENHAM PL</b> <b>Schaumburg, IL 60194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2236	Priority creditor's name and mailing address <b>ROARK, SETH A.</b> <b>3896 COUNTY ROAD 15</b> <b>South Point, OH 45680</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2237	Priority creditor's name and mailing address <b>ROBERTS, SHAWN A.</b> <b>4217 WEST 115TH STREET</b> <b>3A</b> <b>Alsip, IL 60803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2238	Priority creditor's name and mailing address <b>ROBINE, DEANNA</b> <b>7346 Central</b> <b>#3</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2239	Priority creditor's name and mailing address <b>Robine, Deanna</b> <b>7346 Central #3</b> <b>Westland, MI 48185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2240	Priority creditor's name and mailing address <b>Robinson, Angelo R.</b> <b>8840 Marble Arch Court</b> <b>White Plains, MD 20695</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2241	Priority creditor's name and mailing address <b>ROBINSON, MARK</b> <b>625 North First Avenue</b> <b>Canton, IL 61520</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2242	Priority creditor's name and mailing address <b>ROBINSON, MATTHEW</b> <b>1304 HENRY RUFF</b> <b>Westland, MI 48186</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2243	<b>Priority creditor's name and mailing address</b> <b>ROBINSON, SAMANTHA</b> <b>1316 E BEACH ST</b> <b>Peoria, IL 61615</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2244	<b>Priority creditor's name and mailing address</b> <b>ROBISON, JACOB S.</b> <b>418 E BERRY</b> <b>Fort Wayne, IN 46802</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2245	<b>Priority creditor's name and mailing address</b> <b>ROBKE, JERON A.</b> <b>3236 R ST</b> <b>Lincoln, NE 68503</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2246	<b>Priority creditor's name and mailing address</b> <b>ROBLES URBINA, GABRIELA L.</b> <b>4020 2ND ST SW</b> <b>Washington, DC 20032</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2247	Priority creditor's name and mailing address <b>ROBSON, WILLIAM J.</b> <b>4884 21st Ave S</b> <b>Apt 305</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2248	Priority creditor's name and mailing address <b>ROCHA, GUILLERMO</b> <b>1235 YATES ST.</b> <b>Toledo, OH 43608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2249	Priority creditor's name and mailing address <b>Rock, Jeanette N.</b> <b>1041 Bridgeport Drive</b> <b>Ballwin, MO 63011</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2250	Priority creditor's name and mailing address <b>RODGERS, CHELSEA J.</b> <b>1925 E. Maish Ave</b> <b>Des Moines, IA 50320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2251	Priority creditor's name and mailing address <b>Rodgers, Lillian R.</b> <b>12721 Cheyenne St.</b> <b>Detroit, MI 48227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2252	Priority creditor's name and mailing address <b>RODRIGUEZ CARRILLO, REFUGIO</b> <b>6507 CAMDEN AVE NORTH</b> <b>Minneapolis, MN 55430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2253	Priority creditor's name and mailing address <b>RODRIGUEZ HERNANDEZ, AURELIO</b> <b>55 JOYMAR</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2254	Priority creditor's name and mailing address <b>RODRIGUEZ, ALEXIS</b> <b>2708 N 20TH ST</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	19-43756
2.2255	Priority creditor's name and mailing address <b>RODRIGUEZ, ANNETTE</b> <b>6705 SW 129TH CT</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2256	Priority creditor's name and mailing address <b>RODRIGUEZ, BEATRIZ E.</b> <b>15908 W 153RD ST</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2257	Priority creditor's name and mailing address <b>RODRIGUEZ, ISABEL C.</b> <b>21925 SW 104 CT.</b> <b>Apt 102</b> <b>Miami, FL 33190</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2258	Priority creditor's name and mailing address <b>RODRIGUEZ, ISABEL M.</b> <b>2321 20 1/2 AVE SOUTH</b> <b>303</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2259	Priority creditor's name and mailing address <b>RODRIGUEZ, JORGE</b> <b>10820 SW 200 DR.</b> <b>#221</b> <b>Miami, FL 33157</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2260	Priority creditor's name and mailing address <b>RODRIGUEZ, KIMBERLY N.</b> <b>3217 HOLLAND LN</b> <b>Nashville, TN 37218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2261	Priority creditor's name and mailing address <b>RODRIGUEZ, LEONARDO</b> <b>6261 OXON HILL RD</b> <b>Apt 201</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2262	Priority creditor's name and mailing address <b>RODRIGUEZ, MARIO R.</b> <b>3217 HOLLAND LANE</b> <b>Nashville, TN 37218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2263	Priority creditor's name and mailing address <b>Rodriguez-Morris, Biancarose C</b> <b>720 Roberts Road #103</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2264	Priority creditor's name and mailing address <b>ROERS, BRADY A.</b> <b>133 18th Ave N</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2265	Priority creditor's name and mailing address <b>ROESNER, STEPHANIE</b> <b>2510 41st Ave South</b> <b>204</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2266	Priority creditor's name and mailing address <b>ROGERS, DANI C.</b> <b>1015 W 9th Ave</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2267	Priority creditor's name and mailing address <b>ROGERS, EVERETT</b> <b>2409 South 17th Street</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2268	Priority creditor's name and mailing address <b>ROGERS, FARRAAD R.</b> <b>1643 SUMMER RUN DR UNIT 11</b> <b>Florissant, MO 63033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2269	Priority creditor's name and mailing address <b>ROGERS, GIANNA L.</b> <b>10940 PIONEER DRIVE</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2270	Priority creditor's name and mailing address <b>ROGERS, JADE J.</b> <b>820 LESPARRE DR</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2271	Priority creditor's name and mailing address <b>ROGERS, NOAH</b> <b>319 NORMAN DRIVE NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2272	Priority creditor's name and mailing address <b>ROGERS, TANAE N.</b> <b>1603 OLD DRUMMER BOY LANE</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2273	Priority creditor's name and mailing address <b>ROHLIK, CORINNE N.</b> <b>17600 14TH AVE N</b> <b>Apt 114</b> <b>Minneapolis, MN 55447</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2274	Priority creditor's name and mailing address <b>ROJAS GARCIA, GONZALO</b> <b>4130 Rahn Rd</b> <b>Apt. 118B</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2275	Priority creditor's name and mailing address <b>ROJAS GARCIA, MARIA</b> <b>4130 Rahn Rd</b> <b>Apt 118</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2276	Priority creditor's name and mailing address <b>ROJAS, MINOR J.</b> <b>9975 SW 218TH TER</b> <b>Miami, FL 33190</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2277	Priority creditor's name and mailing address <b>ROMAINE, PAIGE M.</b> <b>1612 W CLINTON ST</b> <b>Goshen, IN 46526</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2278	Priority creditor's name and mailing address <b>ROMAN, SILVESTRE</b> <b>6721 VAIL DR</b> <b>Apt 6</b> <b>Westmont, IL 60559</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2279	Priority creditor's name and mailing address <b>Romero, Nicolas</b> <b>12356 W. 107th Terrace</b> <b>Overland Park, KS 66210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2280	Priority creditor's name and mailing address <b>ROMINE, STEPHANIE M.</b> <b>4617 3RD AVE S</b> <b>Minneapolis, MN 55419</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2281	Priority creditor's name and mailing address <b>Romness, Jeffrey N.</b> <b>8536 Clinton Ave South</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2282	Priority creditor's name and mailing address <b>ROMNEY, CHRISTIAN J.</b> <b>10819 134TH AVE SE</b> <b>Becker, MN 55308</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2283	Priority creditor's name and mailing address <b>ROPER, EMILY</b> <b>19222 NORTHRIDGE DR</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2284	Priority creditor's name and mailing address <b>ROSALES SILVA, PEDRO</b> <b>5600 Xylon Ave N</b> <b>Apt 208</b> <b>Minneapolis, MN 55428</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2285	Priority creditor's name and mailing address <b>Rosales, Maria</b> <b>9610 Wedgewood Place</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2286	Priority creditor's name and mailing address <b>ROSENBOOM, ROBERT W.</b> <b>P.O. Box 131</b> <b>Palmer, IA 50571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.2287	Priority creditor's name and mailing address <b>Rosenthal, Christine</b> <b>1007 Grant PL</b> <b>Wauconda, IL 60084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2288	Priority creditor's name and mailing address <b>ROSETE, JOSE</b> <b>1312 S FINLEY RD</b> <b>1J</b> <b>Lombard, IL 60148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2289	Priority creditor's name and mailing address <b>ROSS, DIJON</b> <b>3409 N 93RD ST</b> <b>Apt 5</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2290	Priority creditor's name and mailing address <b>ROSS, DOUGLAS</b> <b>3130 BELCHER DRIVE</b> <b>Sterling Heights, MI 48310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2291	Priority creditor's name and mailing address <b>ROSSUM, MADELINE</b> <b>908 46TH AVE S</b> <b>Apt 5</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2292	Priority creditor's name and mailing address <b>Rotert, Lance D.</b> <b>2408 Spring Brook Avenue</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2293	Priority creditor's name and mailing address <b>Rowland, Rabeka L.</b> <b>245 Miller Avenue</b> <b>Weirton, WV 26062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2294	Priority creditor's name and mailing address <b>Roxas, Vanessa M.</b> <b>14853 Liri Drive</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2295	Priority creditor's name and mailing address <b>RUANE, MADELEINE</b> <b>698 GREEN BAY RD</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2296	Priority creditor's name and mailing address <b>RUBALCAVA, DIEGO</b> <b>1305 12TH AVE</b> <b>Belvidere, IL 61008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2297	Priority creditor's name and mailing address <b>RUBBERT, TYLER</b> <b>1741 34TH ST S</b> <b>Apt E</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2298	Priority creditor's name and mailing address <b>RUBIO, DAMARI C.</b> <b>7660 SW 82 ST</b> <b>H-207</b> <b>Miami, FL 33134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2299	Priority creditor's name and mailing address <b>RUBIO, JORGE</b> <b>228 52ND STREET</b> <b>34</b> <b>West Des Moines, IA 50265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2300	Priority creditor's name and mailing address <b>RUBIO, VANESSA A.</b> <b>6005 Sawmill Woods Court</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2301	Priority creditor's name and mailing address <b>RUCHOTZKE, ERIN N.</b> <b>141 33RD AVE SW</b> <b>Apt 5</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2302	Priority creditor's name and mailing address <b>Rudnick, Cody</b> <b>1057 N. 35th Street #213</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2303	Priority creditor's name and mailing address <b>Rudolph, Shelby</b> <b>4195 3rd St</b> <b>Wayne, MI 48184</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2304	Priority creditor's name and mailing address <b>RUGERIO, OSCAR</b> <b>2261 ATRIUM DR</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2305	Priority creditor's name and mailing address <b>RUIZ, ALEX J. v</b> <b>17000 MIDDLETON CIR</b> <b>17206</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2306	Priority creditor's name and mailing address <b>Ruiz, Breanna C.</b> <b>265 Southwood Drive</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2307	Priority creditor's name and mailing address <b>Ruiz, Elly</b> <b>650 Edgewood Blvd. Lot 32</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2308	Priority creditor's name and mailing address <b>RUIZ, NAOMI</b> <b>4113 MURDOCK ST</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2309	Priority creditor's name and mailing address <b>RULEY, REBEKAH L.</b> <b>1220 27TH ST NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2310	Priority creditor's name and mailing address <b>RUMPHY, CANDIS</b> <b>14656 LINNHURST</b> <b>Detroit, MI 48205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2311	Priority creditor's name and mailing address <b>RUNNING, MATTHEW</b> <b>2021 EDGERTON ST</b> <b>212</b> <b>Saint Paul, MN 55117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2312	Priority creditor's name and mailing address <b>RUPPERT, JACOB D.</b> <b>33448 NORFOLK</b> <b>Livonia, MI 48152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2313	Priority creditor's name and mailing address <b>RUSSELL, CHRISTI M.</b> <b>911 KENMORE RD</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2314	Priority creditor's name and mailing address <b>RUSSELL, MICHELLE M.</b> <b>1120 NORTHWOOD DRIVE</b> <b>235</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2315	Priority creditor's name and mailing address <b>RUTHERFORD, AARON T.</b> <b>2814 N. SHERIDAN RD</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2316	Priority creditor's name and mailing address <b>RYAN, KRISTEN</b> <b>1313 SLEEPY HOLLOW ROAD</b> <b>Glenview, IL 60025</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2317	Priority creditor's name and mailing address <b>SAAVEDRA, ENRIQUE</b> <b>1535 COLONIAL DR</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2318	Priority creditor's name and mailing address <b>SAAVEDRA, LINDSAY A.</b> <b>400 LARPEN TEUR AVE W</b> <b>Apt 3</b> <b>Saint Paul, MN 55113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.2319	Priority creditor's name and mailing address <b>SAFKO, JACINDA M.</b> <b>1446 IROQUOIS DRIVE</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2320	Priority creditor's name and mailing address <b>SAGE, SARAH S.</b> <b>722 EDGAR</b> <b>Royal Oak, MI 48073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2321	Priority creditor's name and mailing address <b>SAGER, ETHAN R.</b> <b>5000 28TH AVENUE SOUTH</b> <b>203</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2322	Priority creditor's name and mailing address <b>SAGMAN, BIJAN</b> <b>6458 SILVERBROOK WEST</b> <b>West Bloomfield, MI 48322</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2323	Priority creditor's name and mailing address <b>SAGRERO, ROGER E.</b> <b>1864 WEST MCEWEN DR</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2324	Priority creditor's name and mailing address <b>SAILORS, CATHIE A.</b> <b>30319 FOX RUN ROAD</b> <b>Stacy, MN 55079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2325	Priority creditor's name and mailing address <b>SALARDA, KEVIN</b> <b>928 CANTERFIELD PKWY</b> <b>Dundee, IL 60118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2326	Priority creditor's name and mailing address <b>SALAZAR LAZARO, ELISA</b> <b>1623 B STREET</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2327	Priority creditor's name and mailing address <b>SALAZAR PONCE, ANA</b> <b>912 WEST TRAILCREEK DR</b> <b>Peoria, IL 61614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2328	Priority creditor's name and mailing address <b>SALAZAR, IAN B.</b> <b>2285 STEWART AVE</b> <b>1110</b> <b>Saint Paul, MN 55116</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2329	Priority creditor's name and mailing address <b>SALAZAR, JESUS R.</b> <b>515 CLAIRBORNE</b> <b>304</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2330	Priority creditor's name and mailing address <b>Salazar, Lazarao, Elisa</b> <b>1623 B Street</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2331	Priority creditor's name and mailing address <b>Salazar, Louis</b> <b>810 E. 6th Street</b> <b>Sioux Falls, SD 57103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2332	Priority creditor's name and mailing address <b>SALDANA, FELIPE</b> <b>7056 HEATHER DR</b> <b>Bryans Road, MD 20616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2333	Priority creditor's name and mailing address <b>SALDIVAR, DYLAN J.</b> <b>10902 Hauser Street</b> <b>Overland Park, KS 66210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2334	Priority creditor's name and mailing address <b>SALDIVAR, GLORIA</b> <b>10902 Hauser Street</b> <b>Overland Park, KS 66210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2335	Priority creditor's name and mailing address <b>SALGADO, IVAN</b> <b>5125 S. 99th Plaza APT 4</b> <b>Omaha, NE 68127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2336	Priority creditor's name and mailing address <b>SALINAS, AZUCENA</b> <b>527 FIFTH ST NORTHFIELD</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2337	Priority creditor's name and mailing address <b>SALINAS, DANIEL</b> <b>607 6TH ST</b> <b>Winnetka, IL 60093</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2338	Priority creditor's name and mailing address <b>SALINAS, GABRIEL</b> <b>6200 County Rd 120</b> <b>302</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2339	Priority creditor's name and mailing address <b>SALINAS, JOSE</b> <b>317 W. 9th St.</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2340	Priority creditor's name and mailing address <b>Salters, Paige</b> <b>6541 Ohio River Blvd</b> <b>Pittsburgh, PA 15202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2341	Priority creditor's name and mailing address <b>SALTZMAN, HATTIE M.</b> <b>4515 NW 79TH TERR</b> <b>Kansas City, MO 64151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2342	Priority creditor's name and mailing address <b>Samayoa, Jose</b> <b>5650 Whitefeild Chaple Rd #102</b> <b>Lanham, MD 20706</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2343	Priority creditor's name and mailing address <b>SAMPSON, JACOB T.</b> <b>4286 MEGHAN LANE</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2344	Priority creditor's name and mailing address <b>SANBORN, ANDREW P.</b> <b>636 Independence Drive East</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2345	Priority creditor's name and mailing address <b>Sanchez Corral, Ailyn A.</b> <b>5225 Upper 183rd Street West</b> <b>Farmington, MN 55024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2346	Priority creditor's name and mailing address <b>SANCHEZ LANDEROS, LUIS ANGEL</b> <b>4327 DREXEL ST</b> <b>Omaha, NE 68107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756		
2.2347	Priority creditor's name and mailing address <b>SANCHEZ MARTINEZ, TOMAS</b> <b>1003 E 80TH STREET</b> <b>201</b> <b>Minneapolis, MN 55420</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2348	Priority creditor's name and mailing address <b>SANCHEZ PLIEGO, ALFREDO</b> <b>8020 Bloomington Ave S</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2349	Priority creditor's name and mailing address <b>SANCHEZ VILLANU, JOSE L.</b> <b>445 LABORE RD</b> <b>#217</b> <b>Saint Paul, MN 55117</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2350	Priority creditor's name and mailing address <b>SANCHEZ, ANGEL</b> <b>5015 W. THATCHER LN.</b> <b>Lincoln, NE 68528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2351	Priority creditor's name and mailing address <b>Sanchez, Angel</b> <b>5015 W. Thatcher Lane</b> <b>Lincoln, NE 68528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2352	Priority creditor's name and mailing address <b>SANCHEZ, ANGELA</b> <b>3725 CEDAR AVE S #105</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2353	Priority creditor's name and mailing address <b>SANCHEZ, ARIANNA A.</b> <b>19607 SUNNYSIDE</b> <b>Saint Clair Shores, MI 48080</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2354	Priority creditor's name and mailing address <b>Sanchez, Daniel</b> <b>8600 North Hickory Street</b> <b>Kansas City, MO 64155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2355	Priority creditor's name and mailing address <b>Sanchez, Jonathon</b> <b>7429 Pipers Way, Apt. 7</b> <b>Downers Grove, IL 60516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2356	Priority creditor's name and mailing address <b>SANCHEZ, JOSE A.</b> <b>7575 W. 106TH ST.</b> <b>Overland Park, KS 66212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2357	Priority creditor's name and mailing address <b>SANCHEZ, JOSE F.</b> <b>710 N 26 TH</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2358	Priority creditor's name and mailing address <b>SANCHEZ, JOSE F.</b> <b>710 N 26TH</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2359	Priority creditor's name and mailing address <b>SANCHEZ, JOSE N.</b> <b>710 N 26 ST</b> <b>Lincoln, NE 68503</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2360	Priority creditor's name and mailing address <b>SANCHEZ, JUAN</b> <b>406 E FRYE AVE.</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2361	Priority creditor's name and mailing address <b>SANCHEZ, MARTHA</b> <b>4863 FLINTREDGE COURT</b> <b>#3</b> <b>Rockford, IL 61107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2362	Priority creditor's name and mailing address <b>SANCHEZ, OMAR</b> <b>8746 SUNNY HILL DR.</b> <b>Rippey, IA 50235</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2363	Priority creditor's name and mailing address <b>SANCHEZ, RODRIGO</b> <b>8842 OLD CEDAR AVE</b> <b>Apt 3</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2364	Priority creditor's name and mailing address <b>Sanchez, Rodrigo</b> <b>700 West Meade Blvd. #37</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2365	Priority creditor's name and mailing address <b>SANCHEZ, WILFREDO</b> <b>6933 Balsam Lane</b> <b>Fort Wayne, IN 46825</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2366	Priority creditor's name and mailing address <b>SANCHEZ-GARCIA, JOSE L.</b> <b>8913 LA CROSSE AVE APT 2B</b> <b>Skokie, IL 60077</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2367	Priority creditor's name and mailing address <b>SANDERS, AMANDA L.</b> <b>2134 Bimelech Lane</b> <b>Murfreesboro, TN 37128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2368	Priority creditor's name and mailing address <b>SANDERS, QIANA</b> <b>9885 BREEDS HILL DR APT C</b> <b>Saint Louis, MO 63123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2369	Priority creditor's name and mailing address <b>SANDOVAL SOLANO, JORGE A.</b> <b>5111 WOODMERE DRIVE</b> <b>104</b> <b>Centreville, VA 20120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2370	Priority creditor's name and mailing address <b>SANDOVAL, HEINZ</b> <b>10232 S. PULASKI RD</b> <b>Apt. 208</b> <b>Oak Lawn, IL 60453</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2371	Priority creditor's name and mailing address <b>SANDOVAL, TEFANNI</b> <b>14901 SW 80TH STREET</b> <b>A104</b> <b>Miami, FL 33193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2372	Priority creditor's name and mailing address <b>SANDQUIST, CHADRA F.</b> <b>8827 RUGGLES CIR</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2373	Priority creditor's name and mailing address <b>Sandquist, Chadra F.</b> <b>8827 Ruggles Cir.</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2374	Priority creditor's name and mailing address <b>SANDQUIST, JACOB O.</b> <b>8827 RUGGLES CIR</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2375	Priority creditor's name and mailing address <b>Sandquist, Jacob O.</b> <b>8827 Ruggles Cir.</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2376	Priority creditor's name and mailing address <b>Sandquist, Joy M.</b> <b>8827 Ruggles Cir.</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2377	Priority creditor's name and mailing address <b>SANDVIG, CODY</b> <b>1321 32ND STREET CIRCLE</b> <b>SOUTH</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2378	Priority creditor's name and mailing address <b>SANFORD, JUSTIN</b> <b>10857 195TH AVE NW</b> <b>Elk River, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2379	Priority creditor's name and mailing address <b>SANGSTER, CHRISTOPHER S.</b> <b>1694 MOULIN</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2380	Priority creditor's name and mailing address <b>SANSOVICH, JAMES D.</b> <b>425 6TH AVE SOUTH</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2381	Priority creditor's name and mailing address <b>SANTAGATA, ANTHONY J.</b> <b>1912 TUSCANY LN</b> <b>Romeoville, IL 60446</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2382	Priority creditor's name and mailing address <b>SANTIAGO, JORGE S.</b> <b>1311 21ND STREET</b> <b>10</b> <b>Des Moines, IA 50311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.2383	Priority creditor's name and mailing address <b>SANTIAGO, JUAN</b> <b>8255 NW 6 TERRACE</b> <b>Unit 232</b> <b>Miami, FL 33126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2384	Priority creditor's name and mailing address <b>SANTOS, DUNIA L.</b> <b>NEED ADDRESS</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2385	Priority creditor's name and mailing address <b>SANTOYO Sr., GUADALUPE S.</b> <b>903 Roanoke ct</b> <b>41</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2386	Priority creditor's name and mailing address <b>SARKIS, ASHLEY</b> <b>3612 27TH AVE. SOUTH</b> <b>Minneapolis, MN 55406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2387	Priority creditor's name and mailing address <b>SARMIENTO, IBRAGIM R.</b> <b>4721 West 124th Street</b> <b>Savage, MN 55378</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2388	Priority creditor's name and mailing address <b>SAUCEDO TORRES, MANUEL</b> <b>3201 15TH AVE S #1</b> <b>Minneapolis, MN 55404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2389	Priority creditor's name and mailing address <b>SAUCEDO, MELESIO</b> <b>1252 N. Wheeling Rd.</b> <b>Mount Prospect, IL 60056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2390	Priority creditor's name and mailing address <b>SAUER, CHELSEA E.</b> <b>4850 Brierwood RD</b> <b>La Plata, MD 20646</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2391	Priority creditor's name and mailing address <b>Sauer, Chelsea E.</b> <b>108 Charleston Court</b> <b>La Plata, MD 20646</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2392	Priority creditor's name and mailing address <b>SAUK, JOSHUA</b> <b>604 GREGG RD</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2393	Priority creditor's name and mailing address <b>SAVOY, NAUDIA M.</b> <b>7426 SHADY GLEN TERRACE</b> <b>Capitol Heights, MD 20743</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2394	Priority creditor's name and mailing address <b>SAVOY, TANIA</b> <b>2102 BRINKLEY ROAD</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2395	Priority creditor's name and mailing address <b>Schaf, Ryan J.</b> <b>123 15 Street North</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2396	Priority creditor's name and mailing address <b>SCHAFER, AISHA</b> <b>1919 UNIVERSITY DR N</b> <b>310</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2397	Priority creditor's name and mailing address <b>SCHAFER, KIARA C.</b> <b>3707 73RD ST. E</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2398	Priority creditor's name and mailing address <b>SCHALLON, HELEN G.</b> <b>11103 BONJOUR CT</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2399	Priority creditor's name and mailing address <b>SCHATZ, COURTNEY</b> <b>105 Derby Trace</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2400	Priority creditor's name and mailing address <b>Schauer, Sarah L.</b> <b>2739 WestwoodStreet W.</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2401	Priority creditor's name and mailing address <b>Schauwecker, Jessica</b> <b>913 W. 8th Avenue</b> <b>Kearney, MO 64060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2402	Priority creditor's name and mailing address <b>SCHELER, KIARA A.</b> <b>3420 W SAINT GERMAIN ST</b> <b>212</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2403 Priority creditor's name and mailing address

**Schenk, Marcus**  
**4275 46th Avenue No. #126**  
**Robbinsdale, MN 55422**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2404 Priority creditor's name and mailing address

**SCHIFFOUR, ETHAN J.**  
**1445 HERITAGE DRIVE**  
**Canton, MI 48188**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2405 Priority creditor's name and mailing address

**SCHILLINGER, DEREK**  
**728 HWY C**  
**Ulman, MO 65083**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2406 Priority creditor's name and mailing address

**SCHILLINGER, MARY BETH**  
**2224 HOOD AVE**  
**Saint Louis, MO 63114**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	Name	Case number (if known)	19-43756
2.2407	Priority creditor's name and mailing address <b>SCHLIEVERT, JORI H.</b> <b>1955 GLEN ARBOR DR</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2408	Priority creditor's name and mailing address <b>SCHMID, SYDNEY R.</b> <b>3202 42ND AVE S</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2409	Priority creditor's name and mailing address <b>SCHMIDT, CAROL</b> <b>3008 S MAYFAIR DR #19</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2410	Priority creditor's name and mailing address <b>SCHMIDT, KYLIE D.</b> <b>2203 ABBEY DRIVE</b> <b>Apt 6</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2411	Priority creditor's name and mailing address <b>SCHMITT, KYLIE T.</b> <b>9047 MELVIN</b> <b>Livonia, MI 48150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2412	Priority creditor's name and mailing address <b>Schnake, Elsa C.</b> <b>14270 S. Arapaho Drive</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2413	Priority creditor's name and mailing address <b>SCHNELL, AMY</b> <b>3500 8TH AVE S</b> <b>101</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2414	Priority creditor's name and mailing address <b>SCHNITKEY, MARIE C.</b> <b>5965 CEMETERY RD.</b> <b>Whitehouse, OH 43571</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2415	Priority creditor's name and mailing address <b>SCHOENECKER, MARISSA</b> <b>13 WOODHILL RD</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2416	Priority creditor's name and mailing address <b>SCHOLTEC, AARON F.</b> <b>8624 SUMMIT DRIVE</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2417	Priority creditor's name and mailing address <b>SCHONS, CHRISTOPHER C.</b> <b>1489 E. 120TH ST.</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2418	Priority creditor's name and mailing address <b>SCHOUVILLER, NICOLE C.</b> <b>8708 10th st SE</b> <b>Buffalo, MN 55313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2419	Priority creditor's name and mailing address <b>SCHROEDER, KYLE</b> <b>1414 PRINCETON LN.</b> <b>Schaumburg, IL 60193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2420	Priority creditor's name and mailing address <b>SCHROLL, KATIE M.</b> <b>2095 SILVER BELL RD</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2421	Priority creditor's name and mailing address <b>Schuchmann, Willow</b> <b>1659 80th Street</b> <b>Arlington, IA 50606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2422	Priority creditor's name and mailing address <b>SCHUELLER, TRAVIS</b> <b>1703 UNIVERSITY DR SE</b> <b>Apt 101</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2423	Priority creditor's name and mailing address <b>Schulte, Jill</b> <b>27734 W. Drake Drive Apt. 40</b> <b>Channahon, IL 60410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2424	Priority creditor's name and mailing address <b>SCHULTZ, RICHARD G.</b> <b>625 LADD</b> <b>Walled Lake, MI 48390</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2425	Priority creditor's name and mailing address <b>SCHULTZ, TAMI K.</b> <b>750 THORNTON WAY</b> <b>Unit 428</b> <b>Alexandria, VA 22314</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2426	Priority creditor's name and mailing address <b>SCHUMANN, SARAH R.</b> <b>104 BRENTWOOD PT</b> <b>Brentwood, TN 37027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2427	Priority creditor's name and mailing address <b>SCHURB, CHLOE</b> <b>11824 WEST RIVER RD</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2428	Priority creditor's name and mailing address <b>SCHWARTZ, LISA M.</b> <b>709 HUNTLY CT.</b> <b>Schaumburg, IL 60194</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2429	Priority creditor's name and mailing address <b>SCHWARTZ, SARAH</b> <b>1106 STRATSTRA COURT</b> <b>Apt A</b> <b>Elgin, IL 60120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2430	Priority creditor's name and mailing address <b>SCHWARTZWALTER, COLBY</b> <b>2524 29TH AVE S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2431	Priority creditor's name and mailing address <b>Scofield-Relford, Chelsea</b> <b>26747 Lakevue Dr. Apt. 7</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2432	Priority creditor's name and mailing address <b>SCOTT, EMILY A.</b> <b>214 4th St E</b> <b>#207</b> <b>Saint Paul, MN 55101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2433	Priority creditor's name and mailing address <b>SCOTT, KIRSTIN R.</b> <b>3544 N OCONTO</b> <b>Chicago, IL 60634</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2434	Priority creditor's name and mailing address <b>SCOTT, SPENCER G.</b> <b>338 6TH AVE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2435	Priority creditor's name and mailing address <b>Scott, Winston J.</b> <b>1101 Iroquois #1420</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2436	Priority creditor's name and mailing address <b>SEAMAN, KATIE</b> <b>8904 W Wiseman Cir</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2437	Priority creditor's name and mailing address <b>SEARCY, CHANCELLOR</b> <b>15435 ASHTON</b> <b>Detroit, MI 48223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2438	Priority creditor's name and mailing address <b>SEARCY, CORINN A.</b> <b>12163 230TH ST.</b> <b>Linwood, KS 66052</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2439	Priority creditor's name and mailing address <b>SEATON, DARIA K.</b> <b>3619 N 44TH AVENUE</b> <b>Omaha, NE 68111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2440	Priority creditor's name and mailing address <b>Sebekow, Maria G.</b> <b>5440 38th Street S. #102</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2441	Priority creditor's name and mailing address <b>SEBREE, DERRICK S.</b> <b>207 WELLINGTON CRESCENT</b> <b>Mount Clemens, MI 48043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2442	Priority creditor's name and mailing address <b>SEIDL, EMILY R.</b> <b>1151 N VILLAGE DR</b> <b>Unit 1</b> <b>Round Lake, IL 60073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2443	<b>SEIVERT, CATIE M.</b> <b>1706 OHIO PWKY</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2444	<b>SELS, THOMAS E.</b> <b>965 Charlela Lane</b> <b>310</b> <b>Elk Grove Village, IL 60007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2445	<b>Serbu, Stephanie</b> <b>2233 Cherry Lane</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2446	<b>Serna Gonzalez, Ivon</b> <b>1101 Iroquois Ave. Apt. 2430</b> <b>Naperville, IL 60563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.2447	Priority creditor's name and mailing address <b>SERRANO CASTRO, EDITH</b> <b>1120 TOWN FOUR PKWY DR</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2448	Priority creditor's name and mailing address <b>Serrano, Ashley</b> <b>15028 Hunters Lane</b> <b>Huntertown, IN 46748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2449	Priority creditor's name and mailing address <b>SERRANO, ESTEBAN</b> <b>6418 Lee Ave North</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2450	Priority creditor's name and mailing address <b>SERRES, ALEXANDRA M.</b> <b>4538 VILLA DR.</b> <b>Unit A</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2451	Priority creditor's name and mailing address <b>SEVERT, KRISTEN</b> <b>3440 TURFWAY LANE</b> <b>Antioch, TN 37013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2452	Priority creditor's name and mailing address <b>SEXTON, COLE J.</b> <b>6675 36TH AVE SE</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2453	Priority creditor's name and mailing address <b>SHAHEED, SHAREEF</b> <b>331 FULLER AVE APT 6</b> <b>Saint Paul, MN 55103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2454	Priority creditor's name and mailing address <b>SHAKIR, KHALIA L.</b> <b>13825 BRINGARD DR</b> <b>Detroit, MI 48205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2455	Priority creditor's name and mailing address <b>SHAURETTE, MITCHELL</b> <b>7331 NW DONOVAN DR</b> <b>526</b> <b>Kansas City, MO 64153</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2456	Priority creditor's name and mailing address <b>SHEARER, BRIAN</b> <b>13808 JOSEPHINE ST</b> <b>Omaha, NE 68138</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2457	Priority creditor's name and mailing address <b>SHEETS, SHAWNA M.</b> <b>1260 US 69 HWY 134</b> <b>Liberty, MO 64068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2458	Priority creditor's name and mailing address <b>SHELLEY, BREANNE T.</b> <b>19553 WEST 207TH PLACE</b> <b>Spring Hill, KS 66083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2459	Priority creditor's name and mailing address <b>SHELNUTT, DANNY R.</b> <b>2073 DARROW LAKE DRIVE</b> <b>Stow, OH 44224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2460	Priority creditor's name and mailing address <b>SHELTON, ELIZABETH A.</b> <b>910 ALLEN STREET</b> <b>South Bend, IN 46616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2461	Priority creditor's name and mailing address <b>Shepard, Alexis</b> <b>26450 Crocker Boulevard #408</b> <b>Harrison Township, MI 48045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2462	Priority creditor's name and mailing address <b>Shepard, Lamarione</b> <b>233 Channing St. NE</b> <b>Washington, DC 20002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2463	Priority creditor's name and mailing address <b>Sherlock, Christoper</b> <b>4640 S Duck Lake Rd</b> <b>Commerce Township, MI 48382</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2464	Priority creditor's name and mailing address <b>SHERRY, NICOLE</b> <b>37706 MUNGER DRIVE</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2465	Priority creditor's name and mailing address <b>SHISLER, VINCENT D.</b> <b>9057 ARTESIAN</b> <b>Detroit, MI 48228</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2466	Priority creditor's name and mailing address <b>SHONBORN, KATELYN M.</b> <b>14517 BROOKFIELD DR.</b> <b>Fortville, IN 46040</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2467	Priority creditor's name and mailing address <b>SHOULDERS, SAMANTHA</b> <b>25956 CONTINENTAL CIR</b> <b>Taylor, MI 48180</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2468	Priority creditor's name and mailing address <b>SIBERT, JARIAH E.</b> <b>27661 TUNGSTEN ROAD</b> <b>202</b> <b>Euclid, OH 44132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2469	Priority creditor's name and mailing address <b>Sibley, Derrick</b> <b>7145 Chicago Ave S #6</b> <b>Minneapolis, MN 55436</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2470	Priority creditor's name and mailing address <b>SIGAFOOS, PAIGE N.</b> <b>6150 QUINWOOD LANE NORTH</b> <b>Minneapolis, MN 55442</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2471	Priority creditor's name and mailing address <b>SILK, ASHLEY A.</b> <b>17097 Fair Meadow Way</b> <b>Farmington, MN 55024</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2472	Priority creditor's name and mailing address <b>Silva, Alejandro</b> <b>2400 Algonquin Rd. #10</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2473	Priority creditor's name and mailing address <b>SILVA, MARTIN</b> <b>559 N. SOMERSET TER.</b> <b>Apt G</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2474	Priority creditor's name and mailing address <b>SILVER, KEENAN A.</b> <b>311 KIRKWOOD COURT SW</b> <b>NUMBER 3</b> <b>Cedar Rapids, IA 52404</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756		
2.2475	Priority creditor's name and mailing address <b>SILVERS, CHRISTOPHER T.</b> <b>5030 TWILIGHT LN</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2476	Priority creditor's name and mailing address <b>SIMMONS - JOINER, DANIEL T.</b> <b>1424 GOLDEN GATE BLVD</b> <b>K5</b> <b>Cleveland, OH 44143</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2477	Priority creditor's name and mailing address <b>SIMMONS, ALANA M.</b> <b>1 HONEY LOCUST COURT</b> <b>Saint Charles, MO 63303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2478	Priority creditor's name and mailing address <b>SIMMONS, ALEXIS M.</b> <b>1 HONEY LOCUST COURT</b> <b>Saint Charles, MO 63303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor	Name	Case number (if known)	19-43756
2.2479	Priority creditor's name and mailing address <b>Simmons, Kyle B.</b> <b>2827 N. 102 Street</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2480	Priority creditor's name and mailing address <b>SIMMS, CHRISTOPHER J.</b> <b>7137 PAISLEY DR</b> <b>Saint Louis, MO 63136</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2481	Priority creditor's name and mailing address <b>SIMON, MARCUS</b> <b>1310 ASHEVILLE ROAD</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2482	Priority creditor's name and mailing address <b>SIMONEAU, ZAKK</b> <b>4005 24th Street South</b> <b>Apt 116</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2483	Priority creditor's name and mailing address <b>SIMPSON, DAN</b> <b>1303 WEST BLVD</b> <b>Cleveland, OH 44102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2484	Priority creditor's name and mailing address <b>Simpson, Ebony</b> <b>12315 Pond Run Drive, Unit 102</b> <b>Woodbridge, VA 22192</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2485	Priority creditor's name and mailing address <b>SIPPLE, BRIAN</b> <b>2610 GARFIELD AVE</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2486	Priority creditor's name and mailing address <b>SIROVY, SARAH</b> <b>10519 WOOD DUCK LANE</b> <b>Orland Park, IL 60467</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2487	Priority creditor's name and mailing address <b>SITERS, ALCIA</b> <b>27 Craighead Street</b> <b>Pittsburgh, PA 15211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2488	Priority creditor's name and mailing address <b>SIWULA, EMILY D.</b> <b>315 COMMODORE DR</b> <b>Mc Donald, PA 15057</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2489	Priority creditor's name and mailing address <b>SKAGGS, JAMES A.</b> <b>1550 BENTONITE LN</b> <b>Apt 4</b> <b>Greenwood, IN 46143</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2490	Priority creditor's name and mailing address <b>SKAJA, ALCIA M.</b> <b>906 CORY LANE</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2491	Priority creditor's name and mailing address <b>SKILES, MICHAELA</b> <b>1330 5th Ave S.</b> <b>Apt 101</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2492	Priority creditor's name and mailing address <b>SLAUGHTER, MELISSA</b> <b>5866 139TH ST W</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2493	Priority creditor's name and mailing address <b>Slaughter, Melissa</b> <b>1105 Duckwood Trail #309</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2494	Priority creditor's name and mailing address <b>SLUYTER, ANNA F.</b> <b>1263 NORTH PETZOLD DR.</b> <b>Unit D</b> <b>Olathe, KS 66062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2495	Priority creditor's name and mailing address <b>SMALL, BRITTANY N.</b> <b>5005 Greenfield Dr.</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2496	Priority creditor's name and mailing address <b>SMALL, JASMINE</b> <b>8085 WYKES</b> <b>Detroit, MI 48204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2497	Priority creditor's name and mailing address <b>SMIECINSKI, ANGELA</b> <b>26715 GALASSI</b> <b>New Baltimore, MI 48051</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2498	Priority creditor's name and mailing address <b>SMITH, ABBEY M.</b> <b>4700 46TH STREET SOUTH</b> <b>308</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2499	Priority creditor's name and mailing address <b>SMITH, ALEXIS D.</b> <b>1536 CHICAGO BLVD</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2500	Priority creditor's name and mailing address <b>SMITH, BRIAN D.</b> <b>11515 SPRINGFORD CT</b> <b>Bridgeton, MO 63044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2501	Priority creditor's name and mailing address <b>SMITH, CASSIDY R.</b> <b>186 CROOKS SCHOOL RD</b> <b>Clinton, PA 15026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2502	Priority creditor's name and mailing address <b>SMITH, CHANDLER R.</b> <b>663 HUFFINE MANOR CIRCLE</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2503	Priority creditor's name and mailing address <b>SMITH, ERIC</b> <b>6501 Marsol Road</b> <b>Apt 224</b> <b>Cleveland, OH 44124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2504	Priority creditor's name and mailing address <b>SMITH, JAMIE D.</b> <b>396 W. OTIS</b> <b>Hazel Park, MI 48030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2505	Priority creditor's name and mailing address <b>SMITH, JUNIOR K.</b> <b>2525 14TH STREET SOUTH</b> <b>15</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2506	Priority creditor's name and mailing address <b>SMITH, KYLIE N.</b> <b>3408 HUMBOLDT AVE S</b> <b>Minneapolis, MN 55408</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2507	Priority creditor's name and mailing address <b>SMITH, MADELEINE C.</b> <b>5523 GRAND AVENUE</b> <b>Des Moines, IA 50312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2508	Priority creditor's name and mailing address <b>Smith, Mariah</b> <b>1609 Daytona Drive</b> <b>Toledo, OH 43612</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2509	Priority creditor's name and mailing address <b>SMITH, MATTHEW J.</b> <b>5617 S 31ST ST</b> <b>15</b> <b>Lincoln, NE 68516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2510	Priority creditor's name and mailing address <b>SMITH, MICHELLE L.</b> <b>236 VERBENA DRIVE</b> <b>Watertown, MN 55388</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.2511	Priority creditor's name and mailing address <b>SMITH, ROBERT T.</b> <b>15405 WHISTLING OAK WAY</b> <b>Accokeek, MD 20607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2512	Priority creditor's name and mailing address <b>Smith, Samantha R.</b> <b>3533 Douglas Road #3</b> <b>Toledo, OH 43606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2513	Priority creditor's name and mailing address <b>Smith, Shannon L.</b> <b>362 Hart Drive</b> <b>Crescent, PA 15046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2514	Priority creditor's name and mailing address <b>SMITH, SHANNON M.</b> <b>24105 CURRIER</b> <b>Dearborn Heights, MI 48125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2515	Priority creditor's name and mailing address <b>Smith, Tavia K.</b> <b>5915 Hil Mar Dr.</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2516	Priority creditor's name and mailing address <b>SMITH, TAYLOR</b> <b>15767 103RD ST SE</b> <b>Becker, MN 55308</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2517	Priority creditor's name and mailing address <b>SOGSO, GUSTAVO</b> <b>3112 18TH SOUTH</b> <b>Minneapolis, MN 55407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2518	Priority creditor's name and mailing address <b>SOLIS, ANTONIO</b> <b>1563 CROFT CT</b> <b>Apt C</b> <b>Indianapolis, IN 46260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2519	Priority creditor's name and mailing address <b>SOLIS, IRIS M.</b> <b>6909 NW 80TH TERRACE</b> <b>Apt 4</b> <b>Kansas City, MO 64152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2520	Priority creditor's name and mailing address <b>Sorenson, Jack</b> <b>5508 Reidenbach Rd.</b> <b>South Beloit, IL 61080</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2521	Priority creditor's name and mailing address <b>SORIANO PULE, LUIS</b> <b>8355 ALICE AVE</b> <b>Unit 31</b> <b>Clive, IA 50325</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2522	Priority creditor's name and mailing address <b>SOSA, RICARDO</b> <b>801 Plaza Dr.</b> <b>Schaumburg, IL 60173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u> <u>Unknown</u>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2523	Priority creditor's name and mailing address <b>SOTHMANN, DANIEL J.</b> <b>1223 Main Avenue</b> <b>Cordova, IL 61242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2524	Priority creditor's name and mailing address <b>SOTHMANN, DANIEL J.</b> <b>1281 Grand Avenue, #5</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2525	Priority creditor's name and mailing address <b>SOTO, CATHY ADRIANA</b> <b>5212 47TH AVE S</b> <b>Minneapolis, MN 55417</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2526	Priority creditor's name and mailing address <b>SOUDER, KERRY L.</b> <b>615 WILLOW LANE</b> <b>Elk Grove Village, IL 60007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2527	Priority creditor's name and mailing address <b>SOWL, RYAN E.</b> <b>4495 WEST 137TH STREET</b> <b>Cleveland, OH 44135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2528	Priority creditor's name and mailing address <b>SPADARO, NATALIE A.</b> <b>9274 Forest Point Circle</b> <b>Macedonia, OH 44056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2529	Priority creditor's name and mailing address <b>SPARKMAN, KIARA M.</b> <b>414 W. WILLOW ST.</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2530	Priority creditor's name and mailing address <b>SPAULDING, ALANNA M.</b> <b>2437 CORAL BARK PLACE</b> <b>APT 513</b> <b>Indianapolis, IN 46268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2531	Priority creditor's name and mailing address <b>SPENCE, SEAN R.</b> <b>19031 B STREET</b> <b>Omaha, NE 68130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2532	Priority creditor's name and mailing address <b>SPEVAK, ALAINA J.</b> <b>523 N 40TH ST</b> <b>#6</b> <b>Omaha, NE 68131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2533	Priority creditor's name and mailing address <b>SPICER, ANTWANETTE A.</b> <b>4640 EAST 173RD</b> <b>Cleveland, OH 44128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2534	Priority creditor's name and mailing address <b>SPIERS, ALISON</b> <b>9800 45TH AVE N</b> <b>313</b> <b>Minneapolis, MN 55442</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2535	Priority creditor's name and mailing address <b>SPRADLIN, IAN</b> <b>52351 TALLY HO DR. NORTH</b> <b>South Bend, IN 46635</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2536	Priority creditor's name and mailing address <b>SPRAY, GRACE G.</b> <b>610 COTTONWOOD DR</b> <b>Lincoln, NE 68510</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2537	Priority creditor's name and mailing address <b>SPRINGER, STEPHEN W.</b> <b>2500 N 64TH ST</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2538	Priority creditor's name and mailing address <b>Sprinthall, Wesley M.</b> <b>676 Summer Lane</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2539	Priority creditor's name and mailing address <b>SRAMEK, KADE A.</b> <b>23730 W 121ST ST</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2540	Priority creditor's name and mailing address <b>SREDZINSKI, ERIC D.</b> <b>19552 Northridge Dr</b> <b>Northville, MI 48167</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2541	Priority creditor's name and mailing address <b>STAINBROOK, RYAN M.</b> <b>3208 S WILLOW AVE</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2542	Priority creditor's name and mailing address <b>STALLWORTH, JOANNA</b> <b>2342 N 60TH STREET</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.2543	Priority creditor's name and mailing address <b>STALLWORTH, SHANNON L.</b> <b>519 9TH ST</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2544	Priority creditor's name and mailing address <b>STAN, SIERRA JO</b> <b>8245 NORTHWOODS DR</b> <b>112</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2545	Priority creditor's name and mailing address <b>STANCIK, CALI</b> <b>6250 CATALINA AVE</b> <b>Oak Forest, IL 60452</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2546	Priority creditor's name and mailing address <b>STANCIL, ROBIN</b> <b>7500 McWhorter Place</b> <b>Annandale, VA 22003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2547	Priority creditor's name and mailing address <b>Stanton, Angela G.</b> <b>3105 North 70th Street #2</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2548	Priority creditor's name and mailing address <b>STARKEY, TYRONE L.</b> <b>30645 Quinkert</b> <b>Apt 201</b> <b>Roseville, MI 48066</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2549	Priority creditor's name and mailing address <b>STATON, JAZLYN</b> <b>208 NEWCOMB ST SE</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2550	Priority creditor's name and mailing address <b>STEFKO, BRANDI J.</b> <b>100 N 15TH ST</b> <b>Apt A</b> <b>Saint Charles, IL 60174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2551	Priority creditor's name and mailing address <b>STEGMAN, JONATHAN M.</b> <b>4227 Loon Loop</b> <b>Big Lake, MN 55309</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2552	Priority creditor's name and mailing address <b>Steichen, Timothy R.</b> <b>1870 42nd St South</b> <b>Apt 303</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2553	Priority creditor's name and mailing address <b>STEINBRUECK, BENJAMIN J.</b> <b>108 CENTRAL AVE E.</b> <b>Saint Michael, MN 55376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2554	Priority creditor's name and mailing address <b>STEMAN, ANNA M.</b> <b>1803 36TH ST S</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2555	Priority creditor's name and mailing address <b>STENE, KALEB</b> <b>3108 S 8TH AVE.</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2556	Priority creditor's name and mailing address <b>STENNIS, SHELBREONNA</b> <b>2430 LORRAINE DR</b> <b>East Saint Louis, IL 62206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2557	Priority creditor's name and mailing address <b>STEPHENS, LONDON</b> <b>18410 EUGENE ST.</b> <b>South Bend, IN 46637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2558	Priority creditor's name and mailing address <b>STEPHENSON, CAROLE L.</b> <b>848 CARL AVENUE</b> <b>Anoka, MN 55303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2559	Priority creditor's name and mailing address <b>STERKOWITZ, JOHN</b> <b>17206 LOCUST AVENUE</b> <b>Tinley Park, IL 60487</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2560	Priority creditor's name and mailing address <b>STERKOWITZ, SCOTT A.</b> <b>17206 LOCUST AVE</b> <b>Tinley Park, IL 60487</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2561	Priority creditor's name and mailing address <b>STEVENS, JENNIFER M.</b> <b>3816 106 STREET APT 62</b> <b>Urbandale, IA 50322</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2562	Priority creditor's name and mailing address <b>STEVENS, RACHEL L.</b> <b>2611 VOEKEL AVENUE</b> <b>Apt 1</b> <b>Pittsburgh, PA 15216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2563	Priority creditor's name and mailing address <b>STEVENS, RICHARD B.</b> <b>1341 JURDY ROAD</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2564	Priority creditor's name and mailing address <b>STEVENSON, BO</b> <b>3848 NORTH RIDGE DRIVE</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2565	Priority creditor's name and mailing address <b>STEWART, CHAISE S.</b> <b>8112 ALCOA DRIVE</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2566	Priority creditor's name and mailing address <b>STIEGEL, LEAH F.</b> <b>1429 NORTHWAY COURT</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2567	Priority creditor's name and mailing address <b>STIER, MALLORY R.</b> <b>1318 C BELSLY BLVD</b> <b>Apt C</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2568	Priority creditor's name and mailing address <b>STIFF, JOSHUA L.</b> <b>11050 EASY ST</b> <b>Saint Ann, MO 63074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2569	Priority creditor's name and mailing address <b>STIVING, DAVID S.</b> <b>3034 Frampton Dr</b> <b>Apt 4</b> <b>Toledo, OH 43614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2570	Priority creditor's name and mailing address <b>STOCKTON, SYDNEY</b> <b>3211 HWY 55</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2571	<b>Priority creditor's name and mailing address</b> <b>Stokes, Malcolm S.</b> <b>528 W. 8th Street</b> <b>Davenport, IA 52803</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2572	<b>Priority creditor's name and mailing address</b> <b>STONE JR, ROBERT N.</b> <b>2615 Washington Ave</b> <b>Apt 511</b> <b>Saint Louis, MO 63103</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2573	<b>Priority creditor's name and mailing address</b> <b>Stone, Alec T.</b> <b>208 Kensington Place</b> <b>Franklin, TN 37067</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2574	<b>Priority creditor's name and mailing address</b> <b>STONE, BRITTNEY R.</b> <b>781 W Walcott Road</b> <b>Lot 111</b> <b>Walcott, IA 52773</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.2575	Priority creditor's name and mailing address <b>STONE, ERIN E.</b> <b>218 COUNTRY COURT</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2576	Priority creditor's name and mailing address <b>STONEBARGER, HALEY D.</b> <b>1010 ASHFORD DR NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2577	Priority creditor's name and mailing address <b>STONER, ASHLEY</b> <b>2950 SEQUOIA DR</b> <b>Lincoln, NE 68516</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2578	Priority creditor's name and mailing address <b>STONER, JONDEE</b> <b>1308 THREE RIVERS EAST</b> <b>Fort Wayne, IN 46802</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2579	Priority creditor's name and mailing address <b>STONEY, JACOB</b> <b>1359 CAROLINE CIRCLE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2580	Priority creditor's name and mailing address <b>STORM, SUMMER M.</b> <b>41825 269TH AVE</b> <b>Freeport, MN 56331</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2581	Priority creditor's name and mailing address <b>STOUT, ADRIENNE L.</b> <b>912 WOODSIDE ST</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2582	Priority creditor's name and mailing address <b>STOVALL, AARON L.</b> <b>13511 MANN AVE.</b> <b>Cleveland, OH 44112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2583	Priority creditor's name and mailing address <b>STOVER, KARA L.</b> <b>1420 PARKWOOD DR SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2584	Priority creditor's name and mailing address <b>STOWAY, ABIGAIL</b> <b>6956 N. Park Ave. Apt. B</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2585	Priority creditor's name and mailing address <b>STOWERS, ANGEL</b> <b>37319 CASTLETON DRIV</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2586	Priority creditor's name and mailing address <b>STRATTON, KAILEY L.</b> <b>10926 SOUTHVIEW DR.</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2587	Priority creditor's name and mailing address <b>STRAUGHN, MARQUELL D.</b> <b>6549 N 34TH ST</b> <b>Omaha, NE 68111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2588	Priority creditor's name and mailing address <b>STRAUGHTER, CANDACE</b> <b>18438 ONYX STREET</b> <b>Southfield, MI 48075</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2589	Priority creditor's name and mailing address <b>STRAYER, WESLEY J.</b> <b>3437 VALLEY WOODS DR</b> <b>Cherry Valley, IL 61016</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2590	Priority creditor's name and mailing address <b>STRESE, HEATHER</b> <b>1239 37th Ave S</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2591	Priority creditor's name and mailing address <b>STRESE, MEGAN R.</b> <b>2725 40TH ST S</b> <b>201</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2592	Priority creditor's name and mailing address <b>STROM, MIRANDA</b> <b>4805 SAN JUAN DRIVE</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2593	Priority creditor's name and mailing address <b>STRUCKMEYER, VIRGINIA A.</b> <b>134 N EAGLE ST</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2594	Priority creditor's name and mailing address <b>STUDER, MARLAINA</b> <b>4405 CARTHAGE DR</b> <b>Rockford, IL 61109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2595	Priority creditor's name and mailing address <b>STUVA, NATHANIEL B.</b> <b>3118 BOONE AVE. N.</b> <b>Minneapolis, MN 55427</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2596	Priority creditor's name and mailing address <b>STYER, RUBY L.</b> <b>1407 HIDDEN TIMBER DRIVE</b> <b>Pittsburgh, PA 15220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2597	Priority creditor's name and mailing address <b>SUCH, JUSTIN J.</b> <b>126 BENTLY DOWN DRIVE</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2598	Priority creditor's name and mailing address <b>SUNDERMAN, PAIGE</b> <b>1638 9TH ST N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2599	Priority creditor's name and mailing address <b>SUTHERLAND, SHANNON T.</b> <b>9319 GREENWAY LANE</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2600	Priority creditor's name and mailing address <b>SUTTON, COREY A.</b> <b>1801 J St. Apt. #408</b> <b>Lincoln, NE 68508</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2601	Priority creditor's name and mailing address <b>Swanepoel, Brianna N.</b> <b>4121 158th Street West</b> <b>Rosemount, MN 55068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2602	Priority creditor's name and mailing address <b>SWANSON, ALYSSA L.</b> <b>2765 23RD AVE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2603	Priority creditor's name and mailing address <b>SWANSON, CALIE L.</b> <b>2638 CEDAR CREST RD E</b> <b>Hopkins, MN 55305</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"> <u>Unknown</u>    <u>Unknown</u> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2604	Priority creditor's name and mailing address <b>SWANSON, DUSTIN S.</b> <b>108 N Poplar St</b> <b>Cambridge, IL 61238</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"> <u>Unknown</u>    <u>Unknown</u> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2605	Priority creditor's name and mailing address <b>SWANSON, LORA</b> <b>5532 KNOLLWOOD DR</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"> <u>Unknown</u>    <u>Unknown</u> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2606	Priority creditor's name and mailing address <b>SWAYZE, MICHAEL</b> <b>3181 PLEASANT ST</b> <b>Springville, IA 52336</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"> <u>Unknown</u>    <u>Unknown</u> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



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2.2607	Priority creditor's name and mailing address <b>SWETS, JILL</b> <b>5004 W EQUESTRIAN PL</b> <b>414</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2608	Priority creditor's name and mailing address <b>Sylvara, Ashley</b> <b>2105 NE 67th Street</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2609	Priority creditor's name and mailing address <b>SYSON, ISAIHAH E.</b> <b>1110 HELMEN DR.</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2610	Priority creditor's name and mailing address <b>SYSON, JACOB</b> <b>1110 HELMEN DRIVE</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2611	Priority creditor's name and mailing address <b>SZABLA, NICOLE</b> <b>20415 Armanda Court</b> <b>Clinton Township, MI 48035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2612	Priority creditor's name and mailing address <b>SZILAGYI, MATYAS</b> <b>807 72ND CT.</b> <b>Willowbrook, IL 60527</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2613	Priority creditor's name and mailing address <b>SZUDY, MARY A.</b> <b>14400 S. PALMER AVE</b> <b>Posen, IL 60469</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2614	Priority creditor's name and mailing address <b>SZYMANSKI, VICTORIA A.</b> <b>5440 CASS</b> <b>601</b> <b>Detroit, MI 48202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2615	Priority creditor's name and mailing address <b>TACKAC, AMBER N.</b> <b>1341 SUNSET AVE</b> <b>Aliquippa, PA 15001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2616	Priority creditor's name and mailing address <b>TAFT, JACOB P.</b> <b>2529 E. 38th Street</b> <b>Davenport, IA 52807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2617	Priority creditor's name and mailing address <b>TAGUE-WULF, TYNA</b> <b>2400 S PHILLIPS AVE</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2618	Priority creditor's name and mailing address <b>Talley, Jeremy</b> <b>5669 Cabinwood Court</b> <b>Indian Head, MD 20640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2619	Priority creditor's name and mailing address <b>TALTON, PIERRE L.</b> <b>3432 FOREST AVE</b> <b>Unit 15</b> <b>Des Moines, IA 50311</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2620	Priority creditor's name and mailing address <b>TAPEALAVA-BOULGER, RACHEL J.</b> <b>3033 WOODRIDGE AVE</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2621	Priority creditor's name and mailing address <b>TAPIA, MIGUEL A.</b> <b>435 WEBER DRIVE</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2622	Priority creditor's name and mailing address <b>Tapio, Brandyn</b> <b>787 Hampden Avenue #460</b> <b>Saint Paul, MN 55114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2623	Priority creditor's name and mailing address <b>TARNOWSKI, RICHARD C.</b> <b>44446 Pine Dr</b> <b>Sterling Heights, MI 48313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2624	Priority creditor's name and mailing address <b>TASSONE, STEVI M.</b> <b>1545 E PEARL STREET</b> <b>Hazel Park, MI 48030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2625	Priority creditor's name and mailing address <b>TATUM, LEWIS</b> <b>720 COACHMAN DR</b> <b>Unit 5</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2626	Priority creditor's name and mailing address <b>TAYE, IDA G.</b> <b>203 TOR BRYAN RD</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2627	Priority creditor's name and mailing address <b>TAYLOR, BRETT J.</b> <b>7858 TRIER RD.</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2628	Priority creditor's name and mailing address <b>TAYLOR, GABERELLA K.</b> <b>9315 PELLA PL</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2629	Priority creditor's name and mailing address <b>TAYLOR, GREGORY E.</b> <b>6431 HILMAR DR.</b> <b>103</b> <b>District Heights, MD 20747</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2630	Priority creditor's name and mailing address <b>TAYLOR, HALEY M.</b> <b>7504 LAKERIDGE DRIVE</b> <b>Fort Wayne, IN 46819</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2631	Priority creditor's name and mailing address <b>Taylor, Jacob O.</b> <b>3075 Maine Prairie Road #308</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2632	Priority creditor's name and mailing address <b>TAYLOR, LAMOND K.</b> <b>3391 W. 49TH</b> <b>Cleveland, OH 44102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2633	Priority creditor's name and mailing address <b>TAYLOR, LATIFHA</b> <b>8825 RUSLAND CT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2634	Priority creditor's name and mailing address <b>TAYLOR, SHAWN</b> <b>3247 East 55th</b> <b>#3</b> <b>Cleveland, OH 44127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2635 Priority creditor's name and mailing address

**Taylor, Stephen C.**  
**519 Garden Circle**  
**Streamwood, IL 60107**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2636 Priority creditor's name and mailing address

**Taylor, Terez D.**  
**712 13th Street #19**  
**West Des Moines, IA 50265**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2637 Priority creditor's name and mailing address

**Taylor, Terez D.**  
**712 13th Street #19**  
**West Des Moines, IA 50265**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2638 Priority creditor's name and mailing address

**TAYLOR, TERRI L.**  
**8110 NEVILLE PLACE**  
**Fort Washington, MD 20744**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2639	Priority creditor's name and mailing address <b>TEAFORD, PHILLIP</b> <b>3641 GENE FIELD ROAD</b> <b>F62</b> <b>Saint Joseph, MO 64506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2640	Priority creditor's name and mailing address <b>Teaford, Phillip</b> <b>8111 Hickory Road #234</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2641	Priority creditor's name and mailing address <b>Teague, Kalen</b> <b>2318 South Wayne Avenue</b> <b>Fort Wayne, IN 46807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2642	Priority creditor's name and mailing address <b>TEKYI-MENSAH, KWAMENA G.</b> <b>13948 LYONS ST.</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2643	Priority creditor's name and mailing address <b>TELLEZ, KARINA</b> <b>2504 ALGONQUIN RD</b> <b>Apt 4</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2644	Priority creditor's name and mailing address <b>TELLEZ, LUCERO</b> <b>1029 E BEHRENS</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2645	Priority creditor's name and mailing address <b>TENENBAUM, LAUREN F.</b> <b>1766 SUN DROP DRIVE</b> <b>Saint Charles, MO 63303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2646	Priority creditor's name and mailing address <b>TENSLEY, MATTHEW</b> <b>1315 E 38th St</b> <b>Apt 12</b> <b>Davenport, IA 52807</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2647	<b>Priority creditor's name and mailing address</b> <b>TEPOZTECO, EDUARDO ABEL</b> <b>1612 E 27TH STREET</b> <b>Apt 2</b> <b>Minneapolis, MN 55407</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2648	<b>Priority creditor's name and mailing address</b> <b>Terrazas, Denae</b> <b>1310 Royal Dr</b> <b>Montgomery, IL 60538</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2649	<b>Priority creditor's name and mailing address</b> <b>Terrell, Raymond</b> <b>17148 Hasse</b> <b>Hamtramck, MI 48212</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2650	<b>Priority creditor's name and mailing address</b> <b>TERRY, ANNA M.</b> <b>1197 Ridge Circle Apt B</b> <b>Tonganoxie, KS 66086</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2651	Priority creditor's name and mailing address <b>TERRY, HEATHER M.</b> <b>9592 MANDELL ROAD</b> <b>Perrysburg, OH 43551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2652	Priority creditor's name and mailing address <b>TERRY, NIKKI J.</b> <b>4501 E49TH</b> <b>110</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2653	Priority creditor's name and mailing address <b>TEWS, KENDALL</b> <b>1206 7TH ST</b> <b>Manson, IA 50563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2654	Priority creditor's name and mailing address <b>THAYER, CALLI J.</b> <b>213 Price Street</b> <b>Unit 101</b> <b>Eldridge, IA 52748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2655	Priority creditor's name and mailing address <b>THIESSEN, DANIEL</b> <b>1412 DUNMORE CIRCLE</b> <b>Clearwater, MN 55320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2656	Priority creditor's name and mailing address <b>THOEL, MICHAEL J.</b> <b>33055 SUMMERS ST.</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2657	Priority creditor's name and mailing address <b>THOMAS, ARTEECE B.</b> <b>15751 WHITCOMB ST</b> <b>Detroit, MI 48227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2658	Priority creditor's name and mailing address <b>THOMAS, BRIAN</b> <b>896 COON RAPIDS BLVD EXT.</b> <b>Minneapolis, MN 55449</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2659	Priority creditor's name and mailing address <b>THOMAS, BRIAN L.</b> <b>1325 A AVENUE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2660	Priority creditor's name and mailing address <b>THOMAS, DARRYL</b> <b>390 17TH ST SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2661	Priority creditor's name and mailing address <b>THOMAS, SHERMAN L.</b> <b>104 CRESTVIEW DR</b> <b>Apt 2B</b> <b>Eldridge, IA 52748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2662	Priority creditor's name and mailing address <b>THOMPkins, THEO</b> <b>192 SPRING AVE</b> <b>Pittsburgh, PA 15202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2663	Priority creditor's name and mailing address <b>THOMPSON, ALEXANDRIA</b> <b>4952 MARGARETTA AVE</b> <b>Saint Louis, MO 63115</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2664	Priority creditor's name and mailing address <b>THOMPSON, COURTNEY B.</b> <b>2628 LONGBOW COURT</b> <b>Bryans Road, MD 20616</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2665	Priority creditor's name and mailing address <b>THOMPSON, DAMON</b> <b>5508 FISHER RD</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2666	Priority creditor's name and mailing address <b>THOMPSON, DAVID</b> <b>1100 ANNIE DR.</b> <b>Winterset, IA 50273</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2667	Priority creditor's name and mailing address <b>THOMPSON, EMMA Y.</b> <b>290 W 33RD AVE</b> <b>Marion, IA 52302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2668	Priority creditor's name and mailing address <b>Thompson, Lauren C.</b> <b>5412 Streefkerk Dr</b> <b>Warren, MI 48092</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2669	Priority creditor's name and mailing address <b>THOMPSON, MARYANN F.</b> <b>713 20TH ST. N</b> <b>Moorhead, MN 56560</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2670	Priority creditor's name and mailing address <b>THOMPSON, MICHAEL R.</b> <b>1003 RADCLYFFE COURT</b> <b>Apt B</b> <b>Elgin, IL 60120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2671	Priority creditor's name and mailing address <b>THOMPSON, STEPHANIE M.</b> <b>11346 KAW DR</b> <b>Kansas City, KS 66111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2672	Priority creditor's name and mailing address <b>THOMSON, BLAKE A.</b> <b>24770 ROOSEVELT CT</b> <b>385</b> <b>Farmington, MI 48335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2673	Priority creditor's name and mailing address <b>THOMSON, OLIVIA</b> <b>39636 GLENVIEW COURT</b> <b>Northville, MI 48168</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2674	Priority creditor's name and mailing address <b>THORDARSON, KATRINA</b> <b>647 S MAIN AVE</b> <b>Apt 206</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2675	Priority creditor's name and mailing address <b>THORMODSON, ARIELLE</b> <b>5365 33RD AVE S</b> <b>309</b> <b>Fargo, ND 58104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2676	Priority creditor's name and mailing address <b>THORNTON, TAYLOR R.</b> <b>15423 WALNUT HILLS DR</b> <b>Urbandale, IA 50323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2677	Priority creditor's name and mailing address <b>THORPE, HUNTER</b> <b>5307 URBANDALE AVE</b> <b>Des Moines, IA 50310</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2678	Priority creditor's name and mailing address <b>THORUP, PAIGE K.</b> <b>11262 OAKRIDGE CIRCLE</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2679	Priority creditor's name and mailing address <b>THRASHER, JESSIE S.</b> <b>927 NW 60TH TERR</b> <b>Kansas City, MO 64118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2680	Priority creditor's name and mailing address <b>TIBAI, MELISSA</b> <b>9307 CALIFORNIA ST</b> <b>Livonia, MI 48150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2681	Priority creditor's name and mailing address <b>Tibai, Melissa</b> <b>9307 California Street</b> <b>Livonia, MI 48150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2682	Priority creditor's name and mailing address <b>Tiedt, Tanji N.</b> <b>5225 Broadmore Ct.</b> <b>Fort Wayne, IN 46818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2683	Priority creditor's name and mailing address <b>TIKKANEN, MICHAEL L.</b> <b>21537 PARKWAY</b> <b>Saint Clair Shores, MI 48082</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2684	Priority creditor's name and mailing address <b>TILLMAN, DOMENICK M.</b> <b>1811 ST JAMES PL</b> <b>Accokeek, MD 20607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2685	Priority creditor's name and mailing address <b>Timmerman, Alycia</b> <b>711 Oak Street</b> <b>Beaver Crossing, NE 68313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2686	Priority creditor's name and mailing address <b>TITUS, MADELINE</b> <b>18776 FALL RIDGE ROAD</b> <b>Richmond, MN 56368</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2687	Priority creditor's name and mailing address <b>TIZAPANTZI SERRANO, OLIVER</b> <b>1120 TOWN AND FOUR PKWY DR</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2688	Priority creditor's name and mailing address <b>TIZAPANTZI-SERRANO, FERNANDA T</b> <b>1120 TOWN AND FOUR PKWY DR</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2689	Priority creditor's name and mailing address <b>Tochimani, Alfonso</b> <b>887 Taylor Avenue</b> <b>Aurora, IL 60506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2690	Priority creditor's name and mailing address <b>Todd, Emily G.</b> <b>1813 Nantes Court</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2691	<b>Granite City Food &amp; Brewery Ltd.</b> <b>TOLAND, ISABELLA M.</b> <b>3729 S RICKETTS AVE</b> <b>Peoria, IL 61607</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2692	<b>TOLO, ALLISON R.</b> <b>6705 W 46TH ST.</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2693	<b>TOMCZYK, JOSEPH A.</b> <b>5880 Lake Bluff Drive</b> <b>Unit 3B</b> <b>Tinley Park, IL 60477</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2694	<b>TOMLINSON, ALLISON Q.</b> <b>2722 NEFF STREET</b> <b>Elkhart, IN 46514</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2695	Priority creditor's name and mailing address <b>TORRE, EDWARD</b> <b>8731 SW 53RD ST.</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2696	Priority creditor's name and mailing address <b>TORRES RAYMUNDO, GASPAR GEREMI</b> <b>124 34th Street Drive</b> <b>Apt. 1</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2697	Priority creditor's name and mailing address <b>TORRES, ADAN</b> <b>1742 SURREY DR</b> <b>Brentwood, TN 37027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2698	Priority creditor's name and mailing address <b>TORRES, ARTURO</b> <b>137 GALEWOOD DR.</b> <b>Bolingbrook, IL 60440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2699	Priority creditor's name and mailing address <b>TORRES, CARLOS</b> <b>5730 W Henderson St</b> <b>Chicago, IL 60634</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2700	Priority creditor's name and mailing address <b>TORRES, HELADIO</b> <b>1408 WILLOW LN</b> <b>Westmont, IL 60559</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2701	Priority creditor's name and mailing address <b>TORRES, JULIAN</b> <b>529 CAMPBULLS RUN RD</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2702	Priority creditor's name and mailing address <b>Torres, Oscar</b> <b>108 S. Testa Drive #204</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2703	Priority creditor's name and mailing address <b>TOTO, MIGUEL</b> <b>9830 EL CAMENO LN 1 E</b> <b>Orland Park, IL 60462</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2704	Priority creditor's name and mailing address <b>TOWE, SHAWN E.</b> <b>718 MAPLETON ROAD</b> <b>Rockville, MD 20850</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2705	Priority creditor's name and mailing address <b>TRAINA, NATHANIEL</b> <b>510 HIGHLAND ST. W</b> <b>Annandale, MN 55302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2706	Priority creditor's name and mailing address <b>TRANDELL, JON J.</b> <b>32406 CRESTWOOD</b> <b>Fraser, MI 48026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2707	Priority creditor's name and mailing address <b>TRAPUZZANO, LAUREN T.</b> <b>12 STERLING DRIVE</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2708	Priority creditor's name and mailing address <b>Travers, Crystal</b> <b>1655 Fairfax St.</b> <b>Petersburg, VA 23805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2709	Priority creditor's name and mailing address <b>Travis, Anton</b> <b>18575 Innsbrook Drive #1</b> <b>Northville, MI 48168</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2710	Priority creditor's name and mailing address <b>TRAVIS, RICHARD C.</b> <b>8501 SW 97TH CT</b> <b>Miami, FL 33173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2711	Priority creditor's name and mailing address <b>Trenado, Ramona</b> <b>120 S Testa Dr</b> <b>Unit 103</b> <b>Naperville, IL 60540</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2712	Priority creditor's name and mailing address <b>Trendle, Krystal A.</b> <b>69 W. Jarvis Avenue</b> <b>Hazel Park, MI 48030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2713	Priority creditor's name and mailing address <b>TROYER, SUZANNE</b> <b>920 S. Main Street</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2714	Priority creditor's name and mailing address <b>TRUELOVE, TIARA D.</b> <b>7513 ROSA PARKS</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2715	Priority creditor's name and mailing address <b>Truong, Ailan</b> <b>905 S Dale Circle</b> <b>Sioux Falls, SD 57110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2716	Priority creditor's name and mailing address <b>TRUONG, JUDY N.</b> <b>6100 THORNTON DR</b> <b>901</b> <b>Lincoln, NE 68512</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2717	Priority creditor's name and mailing address <b>TRUSTHEIM, ASHLEY</b> <b>29572 493RD AVE</b> <b>Brooklyn, MN 56316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2718	Priority creditor's name and mailing address <b>TSCHESTER, JILL</b> <b>626 W 15th</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2719	Priority creditor's name and mailing address <b>TSEGAYE, MAHDERE</b> <b>871 SNELLING AVENUE NORTH</b> <b>Saint Paul, MN 55104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2720	Priority creditor's name and mailing address <b>TUKUA, HEATHER</b> <b>3836 Nicollet Ave Apt 102</b> <b>Minneapolis, MN 55409</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2721	Priority creditor's name and mailing address <b>TULK, PAIGE B.</b> <b>4155 BARCLAY COURT</b> <b>Apt D</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2722	Priority creditor's name and mailing address <b>TURNER, ANTIONETTE</b> <b>3991 BRITTANY CIRCLE</b> <b>Apt A</b> <b>Bridgeton, MO 63044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2723	Priority creditor's name and mailing address <b>TURNER, BRANDON M.</b> <b>835 E. CHIPPEWA AVE.</b> <b>South Bend, IN 46614</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2724	Priority creditor's name and mailing address <b>TURNER, RUBEN</b> <b>6301 SPUNKY HEART PLACE</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2725	Priority creditor's name and mailing address <b>TURNER, YOLANDA</b> <b>19186 Braile</b> <b>Detroit, MI 48219</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2726	Priority creditor's name and mailing address <b>Tuttle Daniel R.</b> <b>5143 Orchard Street</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="text-align: center;"><b>Unknown</b></div> <div style="text-align: center;"><b>Unknown</b></div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2727	Priority creditor's name and mailing address <b>TUTTLE, CAMERON R.</b> <b>5143 ORCHARD ST.</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2728	Priority creditor's name and mailing address <b>TUTTLE, TIFFANY K.</b> <b>5143 Orchard St</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2729	Priority creditor's name and mailing address <b>TYLER, AALIYAH</b> <b>3411 23RD PARKWAY</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2730	Priority creditor's name and mailing address <b>TYLKA, KAROLINA</b> <b>82 OLD CREEK ROAD</b> <b>Palos Park, IL 60464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756		
2.2731	Priority creditor's name and mailing address <b>Udall, Andrew A.</b> <b>8793 Ormiston Circle</b> <b>Reynoldsburg, OH 43068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2732	Priority creditor's name and mailing address <b>UDELL, BRITTANY L.</b> <b>3032 CANTERBURY BLVD</b> <b>Unit 8</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2733	Priority creditor's name and mailing address <b>UERLING, MORGAN</b> <b>5115 VINE STREET</b> <b>114</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2734	Priority creditor's name and mailing address <b>Uhlik, Jacqueline J.</b> <b>6170 Saint Joseph Drive</b> <b>Independence, OH 44131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2735	Priority creditor's name and mailing address <b>Umana, Luis M.</b> <b>523 Greensburg Pike, #1</b> <b>North Versailles, PA 15137</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2736	Priority creditor's name and mailing address <b>UNDERWOOD, MONICA</b> <b>7039 1ST AVENUE S</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2737	Priority creditor's name and mailing address <b>URBAN, MATTHEW</b> <b>405 RIVER ROAD</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2738	Priority creditor's name and mailing address <b>URBINA JR, MARCOS A.</b> <b>2702 SW 156 AVE</b> <b>Miami, FL 33185</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2739	Priority creditor's name and mailing address <b>Uriostegui, Maria</b> <b>2412 N 35th St</b> <b>Kansas City, KS 66104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2740	Priority creditor's name and mailing address <b>USSELTON, EMILY</b> <b>550 COEUR DE ROYALE</b> <b>Apt 301</b> <b>Saint Louis, MO 63141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2741	Priority creditor's name and mailing address <b>VACURA, CODY M.</b> <b>1314 15 ST NORTH</b> <b>Apt 22</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2742	Priority creditor's name and mailing address <b>VAINIO, SUMMER</b> <b>1020 NE 103RD ST</b> <b>Kansas City, MO 64155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2743	Priority creditor's name and mailing address <b>Valazquez, Mike</b> <b>2423 S. Holland-Sylvania Road</b> <b>Maumee, OH 43537</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2744	Priority creditor's name and mailing address <b>Valdenegro, Luis</b> <b>12160 W 136th Street #128</b> <b>Overland Park, KS 66221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2745	Priority creditor's name and mailing address <b>VALDES, LUIS</b> <b>10235 SW 46TH ST</b> <b>Miami, FL 33165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2746	Priority creditor's name and mailing address <b>VALDEZ, ALEXANDRIA I.</b> <b>811 EAST VIRGINIA AVENUE</b> <b>Peoria, IL 61603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2747	Priority creditor's name and mailing address <b>VALDEZ, DOMINIC T.</b> <b>5995 CANDACE AVE</b> <b>Inver Grove Heights, MN 55076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2748	Priority creditor's name and mailing address <b>VALDEZ, WILBERTH A.</b> <b>4110 RAHN RD</b> <b>212</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2749	Priority creditor's name and mailing address <b>VALDEZ-MARTINEZ, STEVE</b> <b>6418 LEE AVE NORTH</b> <b>Minneapolis, MN 55429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2750	Priority creditor's name and mailing address <b>VALENCIA, NICHOLAS</b> <b>14325 CENTRAL AVENUE</b> <b>Midlothian, IL 60445</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2751	Priority creditor's name and mailing address <b>VALENT, NICOLE A.</b> <b>810 SOMERSET AVE</b> <b>Mishawaka, IN 46544</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2752	Priority creditor's name and mailing address <b>VAN DE LOO, THOMAS J.</b> <b>2844 SUGAR PINE CIRCLE</b> <b>Northbrook, IL 60062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2753	Priority creditor's name and mailing address <b>Van Der Brink, ERIN J.</b> <b>202 W Church St</b> <b>P.O. Box 266</b> <b>Inwood, IA 51240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2754	Priority creditor's name and mailing address <b>VAN DOOTINGH, ELI J.</b> <b>2357 HORSESHOE DR</b> <b>Toledo, OH 43615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2755	Priority creditor's name and mailing address <b>VAN NESS, JACOB R.</b> <b>2425 W MOSS AVE</b> <b>Peoria, IL 61604</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2756	Priority creditor's name and mailing address <b>VAN NOORT, CASSIDY L.</b> <b>224 N HOLIDAY AVE</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2757	Priority creditor's name and mailing address <b>Van Veen, Kristen L.</b> <b>108 East 40th Street</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2758	Priority creditor's name and mailing address <b>VANDEVOORDE, AUSTIN M.</b> <b>826 19TH AVE</b> <b>Moline, IL 61265</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756		
2.2759	Priority creditor's name and mailing address <b>VANES, SHERRI-LYNN A.</b> <b>531 DILL LANE</b> <b>A-1</b> <b>Murfreesboro, TN 37130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2760	Priority creditor's name and mailing address <b>VANHOUSEN, JOSHUA M.</b> <b>1025 N. 63RD ST</b> <b>G-145</b> <b>Lincoln, NE 68505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2761	Priority creditor's name and mailing address <b>VAREBERG, KYLE</b> <b>522 42ND ST. S</b> <b>Apt 180</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2762	Priority creditor's name and mailing address <b>VARELA, PABLO</b> <b>1703 ROBIN LN</b> <b>Lisle, IL 60532</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.2763	Priority creditor's name and mailing address <b>VARELA, SALVADOR</b> <b>6724 PARK LANE</b> <b>Apt 1</b> <b>Westmont, IL 60559</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2764	Priority creditor's name and mailing address <b>VARENHORST-JOHNSON, HANNAH M.</b> <b>5832 BROOKVIEW DRIVE</b> <b>Lincoln, NE 68506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2765	Priority creditor's name and mailing address <b>Vargas, Aldair I.</b> <b>302 Ellsworth Pl.</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2766	Priority creditor's name and mailing address <b>VARGAS, ZOCHILT</b> <b>1107 GROVE ST.</b> <b>Aurora, IL 60505</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.2767	Priority creditor's name and mailing address <b>VARGO, CHRISTOPHER J.</b> <b>30711 DELTON ST.</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2768	Priority creditor's name and mailing address <b>VARI, VERONICA A.</b> <b>521 ALTON COURT</b> <b>Carol Stream, IL 60188</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2769	Priority creditor's name and mailing address <b>VASQUEZ, LEXANDER J.</b> <b>9410 ROSLAN PL</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2770	Priority creditor's name and mailing address <b>Vasquez, Victoria</b> <b>5502 Belmont Drive</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2771	Priority creditor's name and mailing address <b>VAUGHAN, RYAN</b> <b>11639 Grant Drive</b> <b>Overland Park, KS 66210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2772	Priority creditor's name and mailing address <b>VAUGHN, NAOMI L.</b> <b>18873 MARX</b> <b>Highland Park, MI 48203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2773	Priority creditor's name and mailing address <b>VAZQUEZ HUERTA, ESTHER E.</b> <b>7144 123RD ST W</b> <b>Saint Paul, MN 55124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2774	Priority creditor's name and mailing address <b>VAZQUEZ, ALEXIS N.</b> <b>1830 N TRIPP</b> <b>Chicago, IL 60639</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2775	Priority creditor's name and mailing address <b>VAZQUEZ, JENNA M.</b> <b>2020 Rindle Ct</b> <b>Murfreesboro, TN 37129</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2776	Priority creditor's name and mailing address <b>Vazquez, Omar R.</b> <b>505 Piccadilly Row #151</b> <b>Antioch, TN 37013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2777	Priority creditor's name and mailing address <b>VEGA, JUAN</b> <b>222 CHERRY DRIVE</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2778	Priority creditor's name and mailing address <b>VELARDE, DANIEL</b> <b>556 E. SHAGBARK LANE</b> <b>Unit A</b> <b>Streamwood, IL 60107</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2779	Priority creditor's name and mailing address <b>VELASCO, DANIEL</b> <b>319 32ND ST NE APT B</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2780	Priority creditor's name and mailing address <b>VELASQUEZ AJTUM, JOSE D.</b> <b>712 Maury Ave</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2781	Priority creditor's name and mailing address <b>VELASQUEZ, ADELSON</b> <b>1340 MONDAMIN AVE.</b> <b>Des Moines, IA 50314</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2782	Priority creditor's name and mailing address <b>VELASQUEZ, JACQUELINE</b> <b>634 IOWA AVE</b> <b>Floor 2</b> <b>Aurora, IL 60506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2783	Priority creditor's name and mailing address <b>VELASQUEZ, SAIRA</b> <b>7909 CAREY BRANCH DR</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2784	Priority creditor's name and mailing address <b>VELAZCO SAENZ, JOSE LUIS</b> <b>524 E CEDAR STREET</b> <b>Olathe, KS 66061</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2785	Priority creditor's name and mailing address <b>VELAZQUEZ MONTE, LIZBETH</b> <b>21 99TH LN NW</b> <b>Minneapolis, MN 55448</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2786	Priority creditor's name and mailing address <b>VELAZQUEZ, LUISA</b> <b>1876 APPALOOSA DRIVE</b> <b>Naperville, IL 60565</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.2787	Priority creditor's name and mailing address <b>VENEY, TIARA R.</b> <b>2235 SAVANNAH TER SE #14</b> <b>Washington, DC 20020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2788	Priority creditor's name and mailing address <b>Ventimiglia, Renae E.</b> <b>18959 Mayfield</b> <b>Livonia, MI 48152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2789	Priority creditor's name and mailing address <b>VERGARA PLIEGO, ALAN</b> <b>GUILLERMO</b> <b>710 E 78 ST</b> <b>202</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2790	Priority creditor's name and mailing address <b>Vergara, Marco</b> <b>25635 Lincoln Street</b> <b>Novi, MI 48375</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2791	Priority creditor's name and mailing address <b>VERKE, KARA N.</b> <b>250 6TH ST E #501</b> <b>Saint Paul, MN 55101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2792	Priority creditor's name and mailing address <b>VERSTEEGH, JORDANNE L.</b> <b>840 W RUSHOLME ST</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2793	Priority creditor's name and mailing address <b>Vick, Autumn E.</b> <b>812 4th Street South</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2794	Priority creditor's name and mailing address <b>VICKMAN, DANA C.</b> <b>3800 VERA CRUZ AVE</b> <b>Minneapolis, MN 55422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2795	Priority creditor's name and mailing address <b>VIDOVICH, ABBY M.</b> <b>6006 SILVERADO COURT</b> <b>Coraopolis, PA 15108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2796	Priority creditor's name and mailing address <b>VILCHIS, ARTURO</b> <b>523 VERITAS STREET</b> <b>Nashville, TN 37211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2797	Priority creditor's name and mailing address <b>VILLAFAN, GUADALUPE</b> <b>5504 TINDER APT 1</b> <b>Rolling Meadows, IL 60008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2798	Priority creditor's name and mailing address <b>Villagrana, Breana</b> <b>329 W. Charleston Street #9021</b> <b>Lincoln, NE 68528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	Name	Case number (if known)	19-43756
2.2799	Priority creditor's name and mailing address <b>VILLALOBOS, MARCOS</b> <b>1106 W 7TH STREET</b> <b>Apt 3</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2800	Priority creditor's name and mailing address <b>VILLALTA, STEVENS</b> <b>14107 SW 66th Street</b> <b>Apt D1</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2801	Priority creditor's name and mailing address <b>Villalta, Stevens</b> <b>11605 NW 89th Street Apt. 108</b> <b>Miami, FL 33178</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2802	Priority creditor's name and mailing address <b>VILLANUEVA, ROBERT A.</b> <b>20241 SW 124 AVE</b> <b>Miami, FL 33177</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2803	Priority creditor's name and mailing address <b>VILLAR, MIRTA L.</b> <b>6652 LAKE ST</b> <b>Omaha, NE 68104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2804	Priority creditor's name and mailing address <b>VILLARREAL, SHANNA M.</b> <b>8615 N Cosby Ave</b> <b>Apt R208</b> <b>Kansas City, MO 64154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2805	Priority creditor's name and mailing address <b>VILLEGAS, FLORINDA</b> <b>933 LAKE NORA S CT #C</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2806	Priority creditor's name and mailing address <b>VILLEGAS, JUAN DIEGO</b> <b>868 EASTON PARK WAY</b> <b>Rockford, IL 61108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2807	Priority creditor's name and mailing address <b>VILLEGAS, OFELIA</b> <b>933 LAKE NORA SOUTH COURT</b> <b>Apt C</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2808	Priority creditor's name and mailing address <b>VIRGEN, GLORIA</b> <b>19 5TH AVE S.</b> <b>102</b> <b>Hopkins, MN 55343</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2809	Priority creditor's name and mailing address <b>VISHNEVETSKY, ELONA</b> <b>1320 BARDOT LANE</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2810	Priority creditor's name and mailing address <b>VIZUETE, JESSICA N.</b> <b>13787 SW 66TH STREET</b> <b>D253</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
Name			

  

2.2811	Priority creditor's name and mailing address <b>VOELKERT, ALYSSA N.</b> <b>52650 SANTA MONICA</b> <b>Granger, IN 46530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2812	Priority creditor's name and mailing address <b>Volz, Robin A.</b> <b>4610 NE 65th Ter.</b> <b>Kansas City, MO 64119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2813	Priority creditor's name and mailing address <b>VONBANK, PETER E.</b> <b>515 4TH STREET NE</b> <b>Saint Michael, MN 55376</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2814	Priority creditor's name and mailing address <b>VOSS, SONYA</b> <b>8646 CHANHASSEN HILL</b> <b>Chanhassen, MN 55317</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2815 Priority creditor's name and mailing address

**VOSTAD, LIV M.  
4415 N GRADUATE AVE - BLDG 2  
A  
Sioux Falls, SD 57107**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2816 Priority creditor's name and mailing address

**WAGNER, SHANNON  
220 W. ETHEL AVE  
Lombard, IL 60148**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2817 Priority creditor's name and mailing address

**Wahl, Hunter A.  
1101 7th Avenue SE  
Barnesville, MN 56514**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2818 Priority creditor's name and mailing address

**WAINSCOA, MATTAYAH D.  
6800 S SANTA ROSA PLACE  
Unit 5  
Sioux Falls, SD 57108**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2819	Priority creditor's name and mailing address <b>WAITE, ALLISON M.</b> <b>5417 KURT LN</b> <b>Fort Wayne, IN 46835</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2820	Priority creditor's name and mailing address <b>WALCOTT, JENSEN A.</b> <b>16342 149TH ST.</b> <b>Bonner Springs, KS 66012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2821	Priority creditor's name and mailing address <b>WALCZYNSKI, BLAKE A.</b> <b>122 N 34TH ST</b> <b>Omaha, NE 68131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.2822	Priority creditor's name and mailing address <b>WALINE, JOHN G.</b> <b>2410 W 40TH ST</b> <b>Davenport, IA 52806</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756
2.2823	Priority creditor's name and mailing address <b>Walker, ALEXA S.</b> <b>4229 Shenandoah Ave</b> <b>2F</b> <b>Saint Louis, MO 63110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2824	Priority creditor's name and mailing address <b>WALKER, JOHN L.</b> <b>1218 16TH ST SE</b> <b>Apt 9</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2825	Priority creditor's name and mailing address <b>Walker, John W.</b> <b>5604 Virginia Lane</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2826	Priority creditor's name and mailing address <b>WALKER, RAYVEN A.</b> <b>9329 KOENIG CIR</b> <b>#D</b> <b>Saint Louis, MO 63134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2827	Priority creditor's name and mailing address <b>WALKER, SHANAY</b> <b>605 FALLS LAKE DR</b> <b>Bowie, MD 20721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2828	Priority creditor's name and mailing address <b>WALLACE, CORNEILUS K.</b> <b>4201 BUSHNELL ROAD</b> <b>Cleveland, OH 44118</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2829	Priority creditor's name and mailing address <b>WALLACE, DEJA</b> <b>892 E 144 ST</b> <b>Cleveland, OH 44110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2830	Priority creditor's name and mailing address <b>WALLACE, MONET</b> <b>6231 DIMRILL COURT</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2831	Priority creditor's name and mailing address <b>WALLS, AUSTIN M.</b> <b>109 WASHINGTON AVE.</b> <b>Midway, PA 15060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2832	Priority creditor's name and mailing address <b>WALLS, BRANDI</b> <b>109 WASHINGTON AVE</b> <b>Midway, PA 15060</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2833	Priority creditor's name and mailing address <b>Walsh, Shawn J.</b> <b>415 Oak Grove Street #320</b> <b>Minneapolis, MN 55403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2834	Priority creditor's name and mailing address <b>WALSTON, VONDRE A.</b> <b>800 SOUTHERN AVE SE</b> <b>Apt 906</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2835	Priority creditor's name and mailing address <b>WALTERS, JACOB B.</b> <b>5611 100TH LANE</b> <b>Minneapolis, MN 55443</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2836	Priority creditor's name and mailing address <b>WALTH, PRESTON</b> <b>1340 HIGH SITE DR</b> <b>Apt 217</b> <b>Saint Paul, MN 55121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2837	Priority creditor's name and mailing address <b>WALZ, BRIAN P.</b> <b>1210 7TH AVENUE SOUTH</b> <b>Unit 204</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2838	Priority creditor's name and mailing address <b>WANDLING, ELIZABETH B.</b> <b>818 GREENFIELD ST NORTHEAST</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2839	Priority creditor's name and mailing address <b>WARD, ANGELA R.</b> <b>303 E. 1ST. STREET</b> <b>Hartford, SD 57033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2840	Priority creditor's name and mailing address <b>WARD, EVAN</b> <b>2305 S. WEST AVE</b> <b>Sioux Falls, SD 57105</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2841	Priority creditor's name and mailing address <b>Warren, Dmon D.</b> <b>8110 Neville Place</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2842	Priority creditor's name and mailing address <b>Warren, John</b> <b>4220 N. 112nd Terr.</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756		
2.2843	Priority creditor's name and mailing address <b>WARRICK, JOSEPH</b> <b>825 DRIFTWOOD DRIVE</b> <b>Apt 6</b> <b>Saint Cloud, MN 56303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2844	Priority creditor's name and mailing address <b>WASIK, LEA L.</b> <b>19 CASTLE STREET</b> <b>Mc Donald, PA 15057</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2845	Priority creditor's name and mailing address <b>WATERS, TEAL D.</b> <b>2060 ROCK CREEK CT</b> <b>Tonganoxie, KS 66086</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2846	Priority creditor's name and mailing address <b>WATKINS, AMBER</b> <b>505 12TH ST S</b> <b>306</b> <b>Saint Cloud, MN 56301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Name	Case number (if known)	19-43756		
2.2847	Priority creditor's name and mailing address <b>WATKINS-LYNCH, KASSANDRA M.</b> <b>1000 WALDEN CREEK TRACE</b> <b>Apt 6-2E</b> <b>Spring Hill, TN 37174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2848	Priority creditor's name and mailing address <b>Watkins-Lynch, Cassandra M.</b> <b>2800 Finch Court</b> <b>Columbia, TN 38401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2849	Priority creditor's name and mailing address <b>WATSON, CIRA</b> <b>4908 W 45TH ST</b> <b>Apt 1</b> <b>Sioux Falls, SD 57106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2850	Priority creditor's name and mailing address <b>WATSON, RONDALE D.</b> <b>18289 WISCONSIN STREET</b> <b>Detroit, MI 48221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2851	Priority creditor's name and mailing address <b>WAUTERS, SHEILA M.</b> <b>19 AEGINA DR.</b> <b>Tinley Park, IL 60477</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2852	Priority creditor's name and mailing address <b>Weaver, Adrienne</b> <b>28320 Lockdale Street</b> <b>Apt 107</b> <b>Southfield, MI 48034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2853	Priority creditor's name and mailing address <b>WEAVER, SADIE</b> <b>805 Tipperary Drive</b> <b>Papillion, NE 68046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2854	Priority creditor's name and mailing address <b>WEBSTER, JOSEPH E.</b> <b>60 LARRAINE DRIVE</b> <b>Pittsburgh, PA 15205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2855	Priority creditor's name and mailing address <b>WEBSTER, SAVANNA</b> <b>431 N CODDINGTON AVE</b> <b>16</b> <b>Lincoln, NE 68528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2856	Priority creditor's name and mailing address <b>WEIDLICK, ABIGAIL C.</b> <b>1925 TOWER BRIDGE TERRACE</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2857	Priority creditor's name and mailing address <b>WEIDLICK, MARGARET C.</b> <b>1925 TOWER BRIDGE TERRACE</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2858	Priority creditor's name and mailing address <b>WEIDNER, THOMAS R.</b> <b>115 E COLUMBIA AVE</b> <b>Elmhurst, IL 60126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2859	Priority creditor's name and mailing address <b>WEISE, MICHELLE</b> <b>8449 YALE ST</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2860	Priority creditor's name and mailing address <b>WEISS, DUSTIN J.</b> <b>11092 XYLON AVE</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2861	Priority creditor's name and mailing address <b>Wells, Arika</b> <b>12428 Hisperia Rd</b> <b>Lusby, MD 20657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2862	Priority creditor's name and mailing address <b>WELLS, KHADIJAH J.</b> <b>1644 Richmond RD NE</b> <b>Cedar Rapids, IA 52402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b>	Case number (if known)	<b>19-43756</b>
Name			

  

2.2863	Priority creditor's name and mailing address <b>WELLS, LYKALE D.</b> <b>10414 EAGLEWOOD WOOD AVE</b> <b>Saint Louis, MO 63114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2864	Priority creditor's name and mailing address <b>Wells, Ross J.</b> <b>12428 Hisperia Rd</b> <b>Lusby, MD 20657</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2865	Priority creditor's name and mailing address <b>Welsch, Charli</b> <b>932 Excelsior Street</b> <b>Pittsburgh, PA 15210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2866	Priority creditor's name and mailing address <b>WELTZIN, MATTHEW A.</b> <b>5255 NW 57th Ave</b> <b>Johnston, IA 50131</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2867	Priority creditor's name and mailing address <b>WENDLOWSKY, LESLIE A.</b> <b>1861 WALNUT</b> <b>Dearborn, MI 48124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2868	Priority creditor's name and mailing address <b>WENTZ, NYCOLE A.</b> <b>1712 E 72ND STREET</b> <b>Indianapolis, IN 46240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2869	Priority creditor's name and mailing address <b>WESLEY, ROSEMARY</b> <b>6750 E 700 S</b> <b>Columbia City, IN 46725</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2870	Priority creditor's name and mailing address <b>Wessman, Alayna M.</b> <b>12412 69th Lane</b> <b>Otsego, MN 55330</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-43756		
2.2871	Priority creditor's name and mailing address <b>WEST, ANGELO F.</b> <b>1409 SOUTHERN AVE</b> <b>Unit 101</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2872	Priority creditor's name and mailing address <b>West, Cassandra</b> <b>8319 Coral Street</b> <b>Spring Hill, FL 34608</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2873	Priority creditor's name and mailing address <b>WEST, DENARD</b> <b>11400 CROSS ROAD TRAIL</b> <b>Brandywine, MD 20613</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2874	Priority creditor's name and mailing address <b>WEST, LEONARD</b> <b>2279 THOMAS AVE</b> <b>Berkley, MI 48072</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2875	Priority creditor's name and mailing address <b>WESTGOR, TRAVIS J.</b> <b>1456 EAST OLD SHAKOPEE</b> <b>CIRCLE</b> <b>Minneapolis, MN 55425</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2876	Priority creditor's name and mailing address <b>WHITE, ANNA M.</b> <b>2745 VIRGINIA DR SE</b> <b>Cedar Rapids, IA 52403</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2877	Priority creditor's name and mailing address <b>WHITE, BRANDON M.</b> <b>9301 MORNING LIGHT TRL</b> <b>103</b> <b>Fort Wayne, IN 46815</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2878	Priority creditor's name and mailing address <b>WHITEHALL, MOESHA M.</b> <b>1620 9TH STREET</b> <b>105</b> <b>Saint Paul, MN 55110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2879	Priority creditor's name and mailing address <b>WHITFIELD, CALVIN</b> <b>2983 DEVONFIELD AVE</b> <b>Waldorf, MD 20603</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2880	Priority creditor's name and mailing address <b>Whiting, Jared T.</b> <b>216 Vantage Way</b> <b>Franklin, TN 37067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2881	Priority creditor's name and mailing address <b>WHITMAN, CARSON M.</b> <b>119 MEADOW LN</b> <b>East Peoria, IL 61611</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2882	Priority creditor's name and mailing address <b>WHITMORE, DEANDIS</b> <b>3848 W. 76TH STREET</b> <b>Chicago, IL 60652</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2883	Priority creditor's name and mailing address <b>WIATT, CHRIS</b> <b>1006 W 17th Street</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2884	Priority creditor's name and mailing address <b>Wiemar, Patrick</b> <b>Canaan Valley Drive</b> <b>Kansas City, KS 66109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2885	Priority creditor's name and mailing address <b>Wiggins, Justie</b> <b>7614 Briggs Street #1</b> <b>Omaha, NE 68134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2886	Priority creditor's name and mailing address <b>WILBURN, WALTER</b> <b>5006 BELLEVILLE CIRCLE</b> <b>#2</b> <b>South Bend, IN 46619</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2887	Priority creditor's name and mailing address <b>WILHELMI, ZACHERY J.</b> <b>321 7TH ST N</b> <b>24</b> <b>Sartell, MN 56377</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2888	Priority creditor's name and mailing address <b>WILKERSON, RYLI</b> <b>2216 JEBENS AVENUE</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2889	Priority creditor's name and mailing address <b>WILKES, MONET A.</b> <b>10110 BURTON AVE</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2890	Priority creditor's name and mailing address <b>WILKOWSKI, ZACHARY</b> <b>38197 SUMMERS ST</b> <b>Livonia, MI 48154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-43756		
2.2891	Priority creditor's name and mailing address <b>WILKS, KAMEN</b> <b>6 E OXFORD AVENUE</b> <b>Alexandria, VA 22301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2892	Priority creditor's name and mailing address <b>WILL, JENNIFER L.</b> <b>2929 175TH ST</b> <b>Spirit Lake, IA 51360</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2893	Priority creditor's name and mailing address <b>WILLAIMS, DOMONIQUE C.</b> <b>13305 ARDEN WAY</b> <b>31</b> <b>Laurel, MD 20708</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2894	Priority creditor's name and mailing address <b>Willette, Jessica</b> <b>43308 Westview</b> <b>Sterling Heights, MI 48313</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor	Name	Case number (if known)	19-43756
2.2895	Priority creditor's name and mailing address <b>Williams, Annastacia M.</b> <b>6829 Stearns Street</b> <b>Shawnee, KS 66203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2896	Priority creditor's name and mailing address <b>WILLIAMS, ASHLEY</b> <b>11875 80TH AVE NTH</b> <b>303</b> <b>Osseo, MN 55369</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2897	Priority creditor's name and mailing address <b>WILLIAMS, CALEB</b> <b>1111 MCKEE ROAD</b> <b>Oakdale, PA 15071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2898	Priority creditor's name and mailing address <b>Williams, Callie</b> <b>4410 Baldwin Avenue</b> <b>Lincoln, NE 68504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2899	Priority creditor's name and mailing address <b>Williams, Cheri M.</b> <b>5417 34th Place</b> <b>Crystal, MN 55422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2900	Priority creditor's name and mailing address <b>Williams, Darius</b> <b>24280 Westhampton</b> <b>Oak Park, MI 48237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2901	Priority creditor's name and mailing address <b>WILLIAMS, DEVRON S.</b> <b>3718 HARRIET</b> <b>Inkster, MI 48141</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2902	Priority creditor's name and mailing address <b>Williams, Joshua D.</b> <b>2515 Wemsha CT</b> <b>Lincoln, NE 68507</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2903	Priority creditor's name and mailing address <b>WILLIAMS, MAKAILA R.</b> <b>8810 CANDLELIGHT LN</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2904	Priority creditor's name and mailing address <b>WILLIAMS, MICHAEL S.</b> <b>821 MAURY AVE</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2905	Priority creditor's name and mailing address <b>Williams, Peter L.</b> <b>111 West 91st Sreet</b> <b>Kansas City, MO 64114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2906	Priority creditor's name and mailing address <b>Williams, Sydney M.</b> <b>15897 Saratoga</b> <b>Detroit, MI 48205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2907	Priority creditor's name and mailing address <b>Williams, Wade</b> <b>11617 Myrtle Oak Ct</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2908	Priority creditor's name and mailing address <b>Williams, Wade</b> <b>4311 23rd Parkway #506</b> <b>Temple Hills, MD 20748</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2909	Priority creditor's name and mailing address <b>WILLS, ELISE I.</b> <b>57911 TAWAS CT.</b> <b>New Hudson, MI 48165</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2910	Priority creditor's name and mailing address <b>WILSON, ARIELLE M.</b> <b>9140 S. PAULINA ST</b> <b>Chicago, IL 60620</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)		
<b>Granite City Food &amp; Brewery Ltd.</b>	<b>19-43756</b>		
<b>2.2911</b> Priority creditor's name and mailing address <b>WILSON, ASYIAH N.</b> <b>6700 NORTH SUMMERSHADE CIRCLE</b> <b>Apt 1</b> <b>Peoria, IL 61615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.2912</b> Priority creditor's name and mailing address <b>WILSON, CHRIS A.</b> <b>1618 BRECA RIDGE DR.</b> <b>Anamosa, IA 52205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.2913</b> Priority creditor's name and mailing address <b>WILSON, DAVIN</b> <b>11935 Wakeley Plaza</b> <b>Apt 7</b> <b>Omaha, NE 68154</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.2914</b> Priority creditor's name and mailing address <b>Wilson, Michael T.</b> <b>911 11th Ave. #4</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2915	Priority creditor's name and mailing address <b>WILSON, NATALIE M.</b> <b>2935 MAGNOLIA DRIVE</b> <b>Bettendorf, IA 52722</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2916	Priority creditor's name and mailing address <b>WILSON, REBEKAH R.</b> <b>10 OAKLEY DR</b> <b>Le Claire, IA 52753</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2917	Priority creditor's name and mailing address <b>Wilson, Samuel</b> <b>2426 E. Rosecroft Village Circ</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2918	Priority creditor's name and mailing address <b>WILSON, TAYLOR</b> <b>330 N Forest Ave APT 1100</b> <b>Liberty, MO 64068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><u>Unknown</u></span> <span><u>Unknown</u></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2919	Priority creditor's name and mailing address <b>Wiltrek, Jason</b> <b>1034 Maplewood Avenue</b> <b>Ambridge, PA 15003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2920	Priority creditor's name and mailing address <b>Windecker, Colin M.</b> <b>6748 Brookshire</b> <b>Canton, MI 48187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2921	Priority creditor's name and mailing address <b>WINDHAM, ASHLEY</b> <b>413 N GARRISON AVE</b> <b>102</b> <b>Kansas City, MO 64163</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2922	Priority creditor's name and mailing address <b>WINN, NIKOLAS</b> <b>11310 MULLEN RD</b> <b>Lenexa, KS 66215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2923 Priority creditor's name and mailing address  
**WINN, TORI D.**  
**1707 BERWICK LANE**  
**New Haven, IN 46774**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2924 Priority creditor's name and mailing address  
**WINTERS, ANDREW S.**  
**12473 SERENE DRIVE**  
**Durand, IL 61024**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2925 Priority creditor's name and mailing address  
**WISCHMANN, GREGORY M.**  
**2106 MAPLECREST RD**  
**Bettendorf, IA 52722**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2926 Priority creditor's name and mailing address  
**WISCHMANN, MADISON E.**  
**3106 MAPLECREST ROAD**  
**Bettendorf, IA 52722**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2927	Priority creditor's name and mailing address <b>WISCHNEWSKI, DANIEL</b> <b>1060 88TH LANE NW</b> <b>Minneapolis, MN 55433</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2928	Priority creditor's name and mailing address <b>Wisniewski, Taylor A.</b> <b>295 Exeter Lane</b> <b>Sugar Grove, IL 60554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2929	Priority creditor's name and mailing address <b>WITTENBERG, MIRANDA</b> <b>1515 11TH AVE N</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2930	Priority creditor's name and mailing address <b>WOHLWEND, AUSTIN K.</b> <b>3506 N 8TH AVE</b> <b>Sioux Falls, SD 57104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2931	Priority creditor's name and mailing address <b>WOKOVICH, ASHLYN S.</b> <b>1032 DAWN VALLEY DR.</b> <b>Maryland Heights, MO 63043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2932	Priority creditor's name and mailing address <b>WOLFE, HOPE A.</b> <b>750 CHENE ST.</b> <b>1208</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2933	Priority creditor's name and mailing address <b>WOLNEY, AUGUSTINE T.</b> <b>3417 CLARK STREET</b> <b>Burnsville, MN 55337</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2934	Priority creditor's name and mailing address <b>WOOD, JULIA Y.</b> <b>2306 ALEXANDER DR.</b> <b>Troy, MI 48083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2935	Priority creditor's name and mailing address <b>Wood, Kathleen</b> <b>22658 S. Madison</b> <b>Spring Hill, KS 66083</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2936	Priority creditor's name and mailing address <b>WOOD, NATALIE S.</b> <b>6813 PICKETT DRIVE</b> <b>Suitland, MD 20746</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2937	Priority creditor's name and mailing address <b>Woodall, Adrienne</b> <b>1475 Chicago Blvd.</b> <b>Detroit, MI 48206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2938	Priority creditor's name and mailing address <b>WOODE, TRINITY A.</b> <b>820 W BENNETT CT</b> <b>Dunlap, IL 61525</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2939	Priority creditor's name and mailing address <b>WOODWARD, KRYSTALE M.</b> <b>2222 S. GOEBBERT</b> <b>358</b> <b>Arlington Heights, IL 60005</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2940	Priority creditor's name and mailing address <b>WOOLHOUSE, SARAH L.</b> <b>1180 CUSHING CIRCLE</b> <b>302</b> <b>Saint Paul, MN 55108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2941	Priority creditor's name and mailing address <b>WOOSLEY, TAMMY L.</b> <b>2206 S 5TH ST</b> <b>Leavenworth, KS 66048</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2942	Priority creditor's name and mailing address <b>WORTHY, AKEEM T.</b> <b>245 MILLER AVE</b> <b>Weirton, WV 26062</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2943	Priority creditor's name and mailing address <b>WRIGHT, SANDRA</b> <b>6001 CRESTON AVE</b> <b>15</b> <b>Des Moines, IA 50321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2944	Priority creditor's name and mailing address <b>Wright, Ty D.</b> <b>9660 Oak Shadow Court</b> <b>Holland, OH 43528</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2945	Priority creditor's name and mailing address <b>WUFLESTAD, ELLEN E.</b> <b>1147 7TH ST S</b> <b>#4</b> <b>Fargo, ND 58102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2946	Priority creditor's name and mailing address <b>WULF, AUTUMN A.</b> <b>108 N POPLAR ST</b> <b>Cambridge, IL 61238</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2947	Priority creditor's name and mailing address <b>WULF, JENNIFER N.</b> <b>2038 N ELSIE AVE</b> <b>Davenport, IA 52804</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2948	Priority creditor's name and mailing address <b>WYCKOFF, KAYLA M.</b> <b>5030 Macy Lane</b> <b>Fort Wayne, IN 46818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2949	Priority creditor's name and mailing address <b>WYCKSTANDT, SHAWNA</b> <b>434 15TH ST</b> <b>Marion, IA 52303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.2950	Priority creditor's name and mailing address <b>WYRE, JAVON M.</b> <b>14284 SW 109TH CT</b> <b>Miami, FL 33176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2951	Priority creditor's name and mailing address <b>WYRICK, BENJAMIN H.</b> <b>7912 WINTERBOURNE DR.</b> <b>Monclova, OH 43542</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2952	Priority creditor's name and mailing address <b>XOLIO, JOSE A.</b> <b>2821 Mishawaka ave</b> <b>South Bend, IN 46615</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2953	Priority creditor's name and mailing address <b>Yacarini, Paola G.</b> <b>5855 SW 132nd Ct. #2</b> <b>Miami, FL 33183</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.2954	Priority creditor's name and mailing address <b>YANGIBOEV, ADKHAM</b> <b>910 PALMER ROAD</b> <b>11</b> <b>Fort Washington, MD 20744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2955	Priority creditor's name and mailing address <b>YAQUILIMA, JORGE</b> <b>812 KISWAUKEE ST</b> <b>Rockford, IL 61104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2956	Priority creditor's name and mailing address <b>YARBOUGH, MARCUS</b> <b>7138 ROCK RIDGE LANE APT. B</b> <b>Alexandria, VA 22315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2957	Priority creditor's name and mailing address <b>Yarbough, Marcus</b> <b>6135 Edsall Rd., Apt. #O</b> <b>Alexandria, VA 22304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2958	Priority creditor's name and mailing address <b>YARBROUGH, KAZMAN E.</b> <b>1608 KNOX CT</b> <b>Brentwood, TN 37027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2959	Priority creditor's name and mailing address <b>YATES, JAZMEN</b> <b>11903 MARY CATERINE DR.</b> <b>Clinton, MD 20735</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2960	Priority creditor's name and mailing address <b>YEH, CINDY</b> <b>108 NE 102ND TER</b> <b>Kansas City, MO 64155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2961	Priority creditor's name and mailing address <b>YODER, KRYSTAL J.</b> <b>1812 16TH ST. SE</b> <b>13</b> <b>Saint Cloud, MN 56304</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2962	Priority creditor's name and mailing address <b>YOHO, EMILY</b> <b>15315 NW 128TH STREET</b> <b>Platte City, MO 64079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2963	Priority creditor's name and mailing address <b>YOUKHANNA, TINA</b> <b>28685 Diesing Drive</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2964	Priority creditor's name and mailing address <b>Youkhanna, Tina</b> <b>28685 Diesing Dr.</b> <b>Madison Heights, MI 48071</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2965	Priority creditor's name and mailing address <b>Young, Amber K.</b> <b>182 Elm Street</b> <b>Rossford, OH 43460</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2966	Priority creditor's name and mailing address <b>YOUNG, ASHLEY</b> <b>2164 CHENE ST</b> <b>Detroit, MI 48207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-43756
2.2967	Priority creditor's name and mailing address <b>YOUNG, CLARKE</b> <b>5409 Pond Bluff Dr</b> <b>West Bloomfield, MI 48323</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2968	Priority creditor's name and mailing address <b>YOUNG, LA TASHA N.</b> <b>4801 PASTURE VIEW CT</b> <b>Waldorf, MD 20601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2969	Priority creditor's name and mailing address <b>YOUNG, PATRICIA</b> <b>1751 FLAMINGO DR.</b> <b>Saint Paul, MN 55122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2970	Priority creditor's name and mailing address <b>YOUNG, SARAH</b> <b>401 ARBORETUM WAY</b> <b>Oswego, IL 60543</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span><b>Unknown</b></span> <span><b>Unknown</b></span> </div>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2971	Priority creditor's name and mailing address <b>Yuhala, Armas C.</b> <b>9658 County Road 23 SE</b> <b>Becker, MN 55308</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2972	Priority creditor's name and mailing address <b>YURECKO, DANIEL</b> <b>11719 EMERY VILLAGE DR N</b> <b>Champlin, MN 55316</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2973	Priority creditor's name and mailing address <b>ZACHARIAS, RENEE A.</b> <b>7211 NW DONOVAN DR</b> <b>1628</b> <b>Kansas City, MO 64153</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2974	Priority creditor's name and mailing address <b>ZAIRI, AJTENE</b> <b>1717 40TH STR SOUTH</b> <b>206</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2975	Priority creditor's name and mailing address <b>ZALESKI, ANGELICA K.</b> <b>995 W. GLENN TR.</b> <b>Elk Grove Village, IL 60007</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2976	Priority creditor's name and mailing address <b>ZAMORA, LISBETH</b> <b>1617 HIGH ST.</b> <b>Fort Wayne, IN 46808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2977	Priority creditor's name and mailing address <b>ZAPPA, ANNA</b> <b>37971 Dor Sal Dr</b> <b>Sterling Heights, MI 48312</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2978	Priority creditor's name and mailing address <b>Zaragoza Tiempos, Raul</b> <b>717 E 77th Street APT#303</b> <b>Minneapolis, MN 55423</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2979	Priority creditor's name and mailing address <b>ZARAK, CODY M.</b> <b>816 34TH AVE. W.</b> <b>West Fargo, ND 58078</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2980	Priority creditor's name and mailing address <b>ZARI, RANEEM</b> <b>12217 RAIN HOLLOW DR</b> <b>Maryland Heights, MO 63043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2981	Priority creditor's name and mailing address <b>Zaun, Deborah</b> <b>1820 40th Street S. #212</b> <b>Fargo, ND 58103</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2982	Priority creditor's name and mailing address <b>ZEMPOALTECATL, FERNANDO</b> <b>1013 N Merrifield Ave</b> <b>Mishawaka, IN 46545</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2983 Priority creditor's name and mailing address  
**ZIEGENFUSS, MATTHEW L.**  
**2319 Bicknell Ave**  
**Niles, MI 49120**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2984 Priority creditor's name and mailing address  
**Zielinski, Sarah**  
**6120 Jewel Lane No.**  
**Plymouth, MN 55446**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2985 Priority creditor's name and mailing address  
**Zielke, Barbara**  
**11848 Russell Avenue**  
**Plymouth, MI 48170**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2986 Priority creditor's name and mailing address  
**ZIFFRA, NICHOLAS**  
**249 SPRUCE ROAD**  
**Northbrook, IL 60062**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known)

**19-43756**

2.2987 Priority creditor's name and mailing address  
**ZIMMERMAN, GREGORY**  
**140 RIVERWOOD DRIVE**  
**Oswego, IL 60543**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2988 Priority creditor's name and mailing address  
**Zollmann, Maeve K.**  
**1644 Boxwood Drive**  
**Nashville, TN 37211**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2989 Priority creditor's name and mailing address  
**ZOOK, PETE N.**  
**111 NORFOLK AVE.**  
**Fort Wayne, IN 46805**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.2990 Priority creditor's name and mailing address  
**ZUNIGA, ANTHONY**  
**3434 WILLIAMS STREET**  
**Dearborn, MI 48124**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown**

**Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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2.2991	Priority creditor's name and mailing address <b>ZUNIGA, RAY</b> <b>3434 WILLIAMS STREET</b> <b>Dearborn, MI 48124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.2992	Priority creditor's name and mailing address <b>Zuniga, Rosario</b> <b>975 Grand Canyon Parkway</b> <b>#108</b> <b>Hoffman Estates, IL 60169</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>
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3.1	Nonpriority creditor's name and mailing address <b>1A Backflow Certs and SVCS LLC</b> <b>12363 Sw 132 Ct</b> <b>Miami, FL 33186</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
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3.2	Nonpriority creditor's name and mailing address <b>1matters.Org</b> <b>3450 W Central Ave Ste 108</b> <b>Toledo, OH 43606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.3	Nonpriority creditor's name and mailing address <b>1st Assembly Of God</b> <b>5950 Spring Creek Rd</b> <b>Rockford, IL 61114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>22nd Century Media LLC</b> <b>11516 W 183rd St Unit Sw</b> <b>Orland Park, IL 60467</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>36th District Court</b> <b>421 Madison Ave #117</b> <b>Detroit, MI 48226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>4 Luv Of Dog Rescue</b> <b>Po Box 9283</b> <b>Fargo, ND 58106-9283</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>40 Ways Security LLC</b> <b>8466 Fieldstone Way Unit 17</b> <b>Hyattsville, MD 20785</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>618 Spirits LLC</b> <b>618 Spirit Drive Ste 125</b> <b>Chesterfield, MO 63005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>7g Distrib Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>7g Distributing Co</b> <b>3200 Research Parkway</b> <b>Davenport, IA 52806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,273.00</b>

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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>A AAA Locksmiths LLC</b> <b>Po Box 85052</b> <b>Fort Wayne, IN 46885</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>A And R Roofing Co Inc</b> <b>975 Armour St Nw</b> <b>West Fargo, ND 58078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>A Bee Co Roselawn Heritage Far</b> <b>24069 Rum River Blvd</b> <b>Saint Francis, MN 55070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>A Clean Line LLC</b> <b>Po Box 37222</b> <b>Des Moines, IA 50315</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>A Clear View Window Cleaning</b> <b>Po Box 502</b> <b>New Freedom, PA 17349</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$743.06</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>A Lot A Clean</b> <b>Po Box 284</b> <b>Lees Summit, MO 64063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>A Maestranzi Sons Knife Servic</b> <b>1031 Lunt Ave</b> <b>Schaumburg, IL 60193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$573.12</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.18 Nonpriority creditor's name and mailing address

**A Ox Welding Supply Inc**  
**Po Box 86667**  
**Sioux Falls, SD 57118**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.19 Nonpriority creditor's name and mailing address

**A Rivera And Associates Inc**  
**3240 Washington Ave N**  
**Minneapolis, MN 55412**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.20 Nonpriority creditor's name and mailing address

**A Storage Place LLC**  
**1508 62nd Avenue N**  
**Fargo, ND 58107-0894**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.21 Nonpriority creditor's name and mailing address

**A Tech Inc**  
**PO Box 3597**  
**Urbandale, IA 50322-0597**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$366.88**

3.22 Nonpriority creditor's name and mailing address

**A&F Water Heater& Spa Service**  
**35170 Beattle Drive**  
**Sterling Heights, MI 48312**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.23 Nonpriority creditor's name and mailing address

**A1 Pumping and Excavating LLC**  
**3900 N National Ave**  
**Sioux Falls, SD 57104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.24 Nonpriority creditor's name and mailing address

**A1 Refrigeration**  
**1134 North 21st Street**  
**Lincoln, NE 68503**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.25	<b>Nonpriority creditor's name and mailing address</b> <b>AA Service Company Inc</b> <b>550 Anthony Trail</b> <b>Northbrook, IL 60062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>AAA Rents DV</b> <b>4500 3rd Street</b> <b>Moline, IL 61265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>AAA Rents Ln</b> <b>2700 North 27th</b> <b>Lincoln, NE 68521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$218.79</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Aadco Inc</b> <b>PO Box 401</b> <b>Beech Grove, IN 46107-0401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Aaron A Zwirblis</b> <b>710 Fieldstone Ct</b> <b>Shorewood, IL 60404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Aaron Benson</b> <b>117 Bluwood Ave</b> <b>Saint Paul, MN 55115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Aaron Helgeson</b> <b>3735 8th Ave South 212</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Aays Rentall Co Inc</b> <b>805 West Edison Rd</b> <b>Mishawaka, IN 46545</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>ABC Electric</b> <b>1012 North 25th Street</b> <b>Lincoln, NE 68501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$858.50</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>ABC Rentals</b> <b>3501 S Minnesota Avenue</b> <b>Sioux Falls, SD 57105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$356.78</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>ABCO Fire Protection</b> <b>Inc Cr Pittsburgh</b> <b>Pittsburgh, PA 15203-2530</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>ABCO Fire Protection Lv</b> <b>PO Box 931933</b> <b>Muncy Valley, PA 17758</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>ABDB Home Services LLC</b> <b>12301 Proxmire Dr</b> <b>Fort Washington, MD 20744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Abes Plumbing Company Inc</b> <b>226 South Elder Street</b> <b>Mishawaka, IN 46544</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

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Name

3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Abiding Locksmith and Door Ser</b> <b>PO Box 325</b> <b>Barnhart, MO 63012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Abigail Cross</b> <b>2608 54th Street</b> <b>Des Moines, IA 50310</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Abigail Hoskins</b> <b>3002 Dudley St</b> <b>Lincoln, NE 68503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Abner Whiteside Grand Council</b> <b>6880 Walker Mill Road</b> <b>Capitol Heights, MD 20743</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Absolute Fire Protection Inc</b> <b>5279 28th Ave</b> <b>Rockford, IL 61109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>AC Beverage Inc</b> <b>1993 7 Moreland Pkwy</b> <b>Annapolis, MD 21401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Accent Special Event Rental In</b> <b>1637 Iron St</b> <b>Kansas City, MO 64116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$587.11</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.46 Nonpriority creditor's name and mailing address

**Accurate Locksmiths Inc**  
**10824 Cottonwood Lane**  
**Omaha, NE 68164**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.47 Nonpriority creditor's name and mailing address

**Accusafe Restoration LLC**  
**10015 Skeman Rd**  
**Brighton, MI 48114**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.48 Nonpriority creditor's name and mailing address

**Ace Jones Music**  
**2145 Echo Hill Rd**  
**Marion, IA 52302**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.49 Nonpriority creditor's name and mailing address

**ACI Asphalt and Concrete Inc**  
**10285 89th Ave N**  
**Maple Grove, MN 55369**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.50 Nonpriority creditor's name and mailing address

**Acrolon Technologies Inc**  
**19201 Sonoma Hwy #256**  
**Sonoma, CA 95476**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.51 Nonpriority creditor's name and mailing address

**Action Electric Sd**  
**5200 West 9th Street**  
**Sioux Falls, SD 57107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.52 Nonpriority creditor's name and mailing address

**Action Inc**  
**62 Bellview Cir**  
**Mc Kees Rocks, PA 15136**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Adam Brailey</b> <b>225 Aberdeen Dr</b> <b>Oakdale, PA 15071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Adam Jorgensen Sioux Falls Pri</b> <b>PO Box 2403</b> <b>Sioux Falls, SD 57101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Adam Kammer</b> <b>4809 Sherwood Rd</b> <b>Madison, WI 53711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Adams Consulting Group</b> <b>1650 West 82nd Street</b> <b>Suite 1080</b> <b>Bloomington, MN 55431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>ADM Marketing LLC</b> <b>1415 W Magnolia Blvd Ste 102</b> <b>Burbank, CA 91506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>ADTKS</b> <b>PO Box 371878</b> <b>Pittsburgh, PA 15250-7878</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Employment Inc</b> <b>6515 Watts Rd Ste 105</b> <b>Madison, WI 53719</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Media Partners LLC</b> <b>2006 W Altorfer Dr</b> <b>Peoria, IL 61615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Security Safe&amp; Lock</b> <b>6318 Reisterstown Rd</b> <b>Baltimore, MD 21215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$186.00</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Agsourse Cooperative Services</b> <b>135 Enterprise Drive</b> <b>Verona, WI 53593</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Agustin Nepomuceno Seraio</b> <b>4300 Cornhusker Hwy</b> <b>Lincoln, NE 68504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Aiden N Byrd</b> <b>8609 Nw 81st Terr</b> <b>Kansas City, MO 64152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>AIG Claims Inc</b> <b>PO Box 105795</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Ailan Troung</b> <b>905 S Dale Cir</b> <b>Sioux Falls, SD 57110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>AIO Acquisition Inc</b> <b>PO Bxo 3353</b> <b>San Dimas, CA 91773-7353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Air Filter Sales and Service I</b> <b>108 Se 4th</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Air Max LLC</b> <b>6608 Gregory Park Rd South</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Airemaster Of Mn</b> <b>PO Box 9855</b> <b>Fargo, ND 58106-9855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Airemaster Of South</b> <b>Central Iowa Dm</b> <b>PO Box 576</b> <b>Waukee, IA 50263-0576</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas Inc</b> <b>PO Box 734445</b> <b>Chicago, IL 60673-4445</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$423.25</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>AJ Smith Enterprise Inc</b> <b>9320 Johnson Dr</b> <b>Merriam, KS 66203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.31</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.74 Nonpriority creditor's name and mailing address

**Ajax Turner Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$361.31**

3.75 Nonpriority creditor's name and mailing address

**AJGRMSSC  
39683 Treasury Center  
Chicago, IL 60694-9600**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.76 Nonpriority creditor's name and mailing address

**Albert Arno Inc  
5000 Claxton Ave  
Saint Louis, MO 63120-2338**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.77 Nonpriority creditor's name and mailing address

**Albert Haugland  
1510 W 86th St  
Bloomington, MN 55431**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.78 Nonpriority creditor's name and mailing address

**Alcohol & Gambling Enforcement  
445 Minnesota St  
Suite 222  
Saint Paul, MN 55101**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.79 Nonpriority creditor's name and mailing address

**Alcohol and Tobacco Commission  
302 West Washington Street  
IGCS Room E114  
Indianapolis, IN 46204**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.80 Nonpriority creditor's name and mailing address

**Alcoholic Beverage Control  
Div Docking State Office Bldg  
915 Sw Harrison St  
Topeka, KS 66625**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Alejandro Mondragon</b> <b>3940 Brittany Circle</b> <b>Bridgeton, MO 63044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Alex Keehn</b> <b>404 N Dominic Ave</b> <b>Sioux Falls, SD 57107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Alexander Frolov</b> <b>PO Box 78</b> <b>Orono, MN 55356</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandra J Grobe</b> <b>921 S Main St Lot 64</b> <b>Apt A</b> <b>Lansing, KS 66043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandria Chamber Of Commerce</b> <b>2834 Duke St</b> <b>Alexandria, VA 22314</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandria House Inc.</b> <b>10065 3rd St NE</b> <b>Minneapolis, MN 55434-1534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$141.88</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Alicia L Caruthers</b> <b>3832 N Barry Rd Apt G</b> <b>Kansas City, MO 64153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Alicia Rizvi</b> <b>1400 Twombly Rd</b> <b>Dekalb, IL 60112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Aliese Fairweather</b> <b>2854 Pease Dr #103</b> <b>Rocky River, OH 44116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>All City Environmental Svcs In</b> <b>927 W 49th Place</b> <b>Chicago, IL 60609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>All Community Events Inc</b> <b>All Community Events Inc</b> <b>Lake Zurich, IL 60047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Allegheny Air Conditioning Inc</b> <b>1 Dick Street</b> <b>Carnegie, PA 15106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,183.42</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Allegheny Southwest Tax Collec</b> <b>102 Rahway Road</b> <b>McMurray, PA 15317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Allen Circuit Court</b> <b>715 S Calhoun St Rm 200</b> <b>Fort Wayne, IN 46802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor Name	Case number (if known)	
<b>Granite City Food &amp; Brewery Ltd.</b>	<b>19-43756</b>	
<b>3.95</b> Nonpriority creditor's name and mailing address <b>Allen County Treasurer</b> <b>P.O. Box 2540</b> <b>Fort Wayne, IN 46801-2540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,713.66</b>
<b>3.96</b> Nonpriority creditor's name and mailing address <b>Allen Skaggs</b> <b>3945 2nd St S</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.97</b> Nonpriority creditor's name and mailing address <b>Alliance For The Great Lakes</b> <b>L-325 Woodfield Mall</b> <b>Schaumburg, IL 60173</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.98</b> Nonpriority creditor's name and mailing address <b>Alliance For The Great Lakes I</b> <b>616 Orland Square Drive</b> <b>Orland Park, IL 60462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.99</b> Nonpriority creditor's name and mailing address <b>Alliance Refrigeration Co Inc</b> <b>100 Frontier Way</b> <b>Bensenville, IL 60106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.100</b> Nonpriority creditor's name and mailing address <b>Alliant Energy Iowa</b> <b>PO Box 3062</b> <b>Cedar Rapids, IA 52406-3062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.101</b> Nonpriority creditor's name and mailing address <b>Allied Benefit Systems Inc</b> <b>200 West Adams Suite 500</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$841.70</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.102 Nonpriority creditor's name and mailing address

**Allied Mechanical Inc  
920 Middle Street  
New Haven, IN 46774**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.103 Nonpriority creditor's name and mailing address

**Allied Refrigeration Ac and Re  
11341 Sw 145th Ave  
Miami, FL 33186**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.104 Nonpriority creditor's name and mailing address

**Allison Ladd  
8217 N 47th St  
Omaha, NE 68152**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.105 Nonpriority creditor's name and mailing address

**Allison M Price  
2443 Court Yard Circle #2  
Aurora, IL 60506**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.106 Nonpriority creditor's name and mailing address

**Allison M Thoemke  
3700 42nd Street South  
Fargo, ND 58104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.107 Nonpriority creditor's name and mailing address

**Alma Zambrano  
1920 Swathmore Dr  
Aurora, IL 60506**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.108 Nonpriority creditor's name and mailing address

**Alonzo Ewing  
5857 Plymouth Ave  
Saint Louis, MO 63112**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Kappa Alpha Lota Chi Ome</b> <b>PO Box 11136</b> <b>Fort Wayne, IN 46856</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Kappa Alpha Sorority Inc</b> <b>5656 S Stony Island Ave</b> <b>Chicago, IL 60637</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Media LLC</b> <b>3800 Cornhusker Highway</b> <b>Lincoln, NE 68504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Als Electric</b> <b>2616 N Cooper Ave</b> <b>Saint Cloud, MN 56302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>ALSCO Inc</b> <b>315 Lynch St</b> <b>Saint Louis, MO 63118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Altemp Mechanical Inc</b> <b>303 Lindsay Road</b> <b>Hudson, WI 54016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$825.00</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Alternative Plumbing Plus Inc</b> <b>6205 N Summit Street</b> <b>Toledo, OH 43611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.00</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.116 Nonpriority creditor's name and mailing address

**Always In Bloom Inc**  
**227 Franklin Road**  
**Franklin, TN 37064**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.117 Nonpriority creditor's name and mailing address

**Alycia Sifers**  
**27 Craighead Street**  
**Pittsburgh, PA 15211**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.118 Nonpriority creditor's name and mailing address

**Alyssa Slocum**  
**463 Little Falls Dr**  
**Amery, WI 54001**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.119 Nonpriority creditor's name and mailing address

**Alyssa Worsham**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.120 Nonpriority creditor's name and mailing address

**Alyssia Luna**  
**2558 Snow Hill Ct**  
**Waldorf, MD 20602**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.121 Nonpriority creditor's name and mailing address

**Alzheimers Disease and Related Disorders Assn Inc**  
**225 N Michigan Avenue Fl 17**  
**Chicago, IL 60601**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.122 Nonpriority creditor's name and mailing address

**Amanco Construction LLC**  
**4606 Hamilton St**  
**Omaha, NE 68132**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda Abrams</b> <b>695 Springhill Circle</b> <b>Naperville, IL 60563</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda K Anderson</b> <b>611 W Lawndale Ave</b> <b>Peoria, IL 61604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Amber Wilburn</b> <b>308 Lorraine Pl</b> <b>Rossford, OH 43460</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Ambrosi Bros Cutlery Co Inc</b> <b>3023 Main</b> <b>Kansas City, MO 64108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Ameren Illinois</b> <b>PO Box 88034</b> <b>Chicago, IL 60680-1034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Ameren Missouri</b> <b>PO Box 88068</b> <b>Chicago, IL 60680-1068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,775.52</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>American Association Of Zoo Ke</b> <b>8476 E Speedway Blvd Ste 204</b> <b>Tucson, AZ 85710</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.130	<p>Nonpriority creditor's name and mailing address  <b>American Cancer Society Inc</b>  <b>250 Williams St Ste 4b</b>  <b>Atlanta, GA 30303</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.131	<p>Nonpriority creditor's name and mailing address  <b>American Cancer Society Inc</b>  <b>250 Williams St Nw Suite 400</b>  <b>Atlanta, GA 30303-1002</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.132	<p>Nonpriority creditor's name and mailing address  <b>American Cancer Society Inc</b>  <b>1801 Meyers Road Ste 100</b>  <b>Oakbrook Terrace, IL 60181</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.133	<p>Nonpriority creditor's name and mailing address  <b>American Compressed Gases Inc</b>  <b>PO Box 715</b>  <b>Westwood, NJ 07675-0715</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.134	<p>Nonpriority creditor's name and mailing address  <b>American Express Green Card</b>  <b>P.O. Box 981535</b>  <b>El Paso, TX 79998-1535</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$148,906.17</b>
3.135	<p>Nonpriority creditor's name and mailing address  <b>American Express Plum Card</b>  <b>P.O. Box 981535</b>  <b>El Paso, TX 79998-1535</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$727,442.49</b>
3.136	<p>Nonpriority creditor's name and mailing address  <b>American Foundation For</b>  <b>Suicide Prevention Inc</b>  <b>120 Wall St Fl 29</b>  <b>New York, NY 10005</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.137	<p>Nonpriority creditor's name and mailing address  <b>American Land Title Co</b>  <b>11239 Chicago Cir</b>  <b>Omaha, NE 68154</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$115.00</b>
3.138	<p>Nonpriority creditor's name and mailing address  <b>American Lawn and Landscape In</b>  <b>PO Box 1606</b>  <b>Liberty, MO 64069</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$232.00</b>
3.139	<p>Nonpriority creditor's name and mailing address  <b>American Lebanese Syrian Asocd</b>  <b>501 St Jude Place</b>  <b>Memphis, TN 38105-1905</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.140	<p>Nonpriority creditor's name and mailing address  <b>American Legion 0479 Murbach S</b>  <b>200 S Hallet Ave</b>  <b>Swanton, OH 43558</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.141	<p>Nonpriority creditor's name and mailing address  <b>American Legion Baseball</b>  <b>6250 Excelsior Blvd</b>  <b>St. Louis Park, MN 55416</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.142	<p>Nonpriority creditor's name and mailing address  <b>American Legion Eg</b>  <b>1703 Selby Avenue</b>  <b>Saint Paul, MN 55104</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.143	<p>Nonpriority creditor's name and mailing address  <b>American Rentall</b>  <b>1015 Holland Park Blvd</b>  <b>Holland, OH 43528</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>American Restaurant Assoc Inc</b> <b>PO Box 51482</b> <b>Sarasota, FL 34232-0332</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>American Restaurant Svcs LLC</b> <b>PO Box 32713</b> <b>Detroit, MI 48232-0713</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Amerigas</b> <b>PO Box 660288</b> <b>Dallas, TX 75266-0288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Ameripark LLC</b> <b>1640 Power Ferry Road</b> <b>Bldg 5 Ste 200</b> <b>Marietta, GA 30067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.00</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Ameripride Services Inc</b> <b>PO Box 1010</b> <b>Bemidji, MN 56619-1010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,527.01</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Amy Hemmen</b> <b>4747 N 167th Street W</b> <b>Colwich, KS 67030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Amy Keelean</b> <b>23006 Edgewater</b> <b>Saint Clair Shores, MI 48082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.151 Nonpriority creditor's name and mailing address

**Amy Keen**  
**3876 Melby Ave N**  
**Saint Michael, MN 55376**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.152 Nonpriority creditor's name and mailing address

**Amy Webster**  
**2756 Frankfort Rd**  
**New Cumberland, WV 26047**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153 Nonpriority creditor's name and mailing address

**Amyotrophic Lateral Sclerosis**  
**3636 Westown Pkwy Ste 204**  
**West Des Moines, IA 50266**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.154 Nonpriority creditor's name and mailing address

**Ana Romero Bautist**  
**4400 E Clark St**  
**Wichita, KS 67218**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.155 Nonpriority creditor's name and mailing address

**Anderson Animal Shelter**  
**1000 S Lafox Rd**  
**South Elgin, IL 60177**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.156 Nonpriority creditor's name and mailing address

**Andrew Gude**  
**505 8th Street**  
**Ames, IA 50010**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.157 Nonpriority creditor's name and mailing address

**Andrew M Ellis**  
**2221 7th St**  
**Maumee, OH 43537**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Name

Case number (if known)

**19-43756**

3.158 Nonpriority creditor's name and mailing address

**Andrijana Djurasevic**  
**13720 Pernel Dr**  
**Sterling Heights, MI 48313**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.159 Nonpriority creditor's name and mailing address

**Angel Stowers**  
**37319 Castleton Driv**  
**Sterling Heights, MI 48312**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.160 Nonpriority creditor's name and mailing address

**Angela Canino**  
**17660 Navajo Trace**  
**Tinley Park, IL 60477**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.161 Nonpriority creditor's name and mailing address

**Angela Compton**  
**111 S Summit C3**  
**EI Dorado, KS 67042**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.162 Nonpriority creditor's name and mailing address

**Angela Perez**  
**3305 Concord**  
**Trenton, MI 48183**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.163 Nonpriority creditor's name and mailing address

**Angelo Martinez**  
**8328 Hoover Lane**  
**Indianapolis, IN 46260**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.164 Nonpriority creditor's name and mailing address

**Angels Place**  
**29299 Franklin Rd Ste 2**  
**Southfield, MI 48034**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.165 Nonpriority creditor's name and mailing address

**Animal Lifeline Of Iowa Inc**  
**PO Box 12**  
**Carlisle, IA 50047**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.166 Nonpriority creditor's name and mailing address

**Animal Welfare Society Of Sout**  
**27796 John R Road**  
**Madison Heights, MI 48071**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.167 Nonpriority creditor's name and mailing address

**Animals Deserving of Proper Tr**  
**420 Industrial Dr**  
**Naperville, IL 60563**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.168 Nonpriority creditor's name and mailing address

**Ann Rohling**  
**1728 N Hood St**  
**Wichita, KS 67203**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.169 Nonpriority creditor's name and mailing address

**Anna Jordan**  
**2807 N Zenith Ave**  
**Davenport, IA 52804**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.170 Nonpriority creditor's name and mailing address

**Anna M White**  
**2745 Virginia Dr Se**  
**Cedar Rapids, IA 52403**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.171 Nonpriority creditor's name and mailing address

**Annah Fajuyigbe**  
**2252 Prince Of Wales Court**  
**Bowie, MD 20716**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.172 Nonpriority creditor's name and mailing address

**Anne Buckman**  
**4830 Jersey Ridge Rd Apt 2**  
**Davenport, IA 52807**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.173 Nonpriority creditor's name and mailing address

**Annette Berkey**  
**7201 Lincoln Ave #505**  
**Lincolnwood, IL 60712**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.174 Nonpriority creditor's name and mailing address

**Annette Johnson**  
**46 Indian Hills Drive**  
**Circle Pines, MN 55014**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.175 Nonpriority creditor's name and mailing address

**Antonio Flores**  
**212 Thompson Ave #102**  
**Saint Paul, MN 55118**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.176 Nonpriority creditor's name and mailing address

**Anthony E Casanova**  
**8107 Marshalsea**  
**Commerce Township, MI 48382**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,400.00**

3.177 Nonpriority creditor's name and mailing address

**Anthony E Pellan**  
**11453 73rd Ave N**  
**Osseo, MN 55369**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.178 Nonpriority creditor's name and mailing address

**Anthony Reina**  
**8303 Icon Court**  
**Smyrna, TN 37167**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.179 Nonpriority creditor's name and mailing address

**Anthony Wayne Local School Dis**  
**9565 Bucher Road**  
**Whitehouse, OH 43571**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.180 Nonpriority creditor's name and mailing address

**Antler Country Landscaping Inc**  
**21625 Chancellor Road**  
**Elkhorn, NE 68022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.181 Nonpriority creditor's name and mailing address

**Antonio G Castro**  
**24 Blueberry Hill Rd**  
**Amherst, NH 03031**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.182 Nonpriority creditor's name and mailing address

**Antonios Leather Experts LLC**  
**12415 Stark Rd**  
**Livonia, MI 48150**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.183 Nonpriority creditor's name and mailing address

**Apadana LLC**  
**2360 Nevada Ave N**  
**Minneapolis, MN 55427**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$0.00**

3.184 Nonpriority creditor's name and mailing address

**APG Media Of Chesapeake LLC**  
**PO Box 600**  
**29088 Airpark Dr**  
**Easton, MD 21601**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.185 Nonpriority creditor's name and mailing address

**APIS Business Intellignce LLC**  
**5055 W Park Blvd Ste 700**  
**Plano, TX 75093**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.186 Nonpriority creditor's name and mailing address

**Apperts Food Service**  
**900 S Hwy 10**  
**Saint Cloud, MN 56304-1807**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.187 Nonpriority creditor's name and mailing address

**Apple Inc**  
**PO Box 846095**  
**Dallas, TX 75284-6095**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.188 Nonpriority creditor's name and mailing address

**Appliance Repair Center Inc**  
**1807 3rd Street North**  
**Saint Cloud, MN 56303**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$390.84**

3.189 Nonpriority creditor's name and mailing address

**April K Conner**  
**420 Rosewood Dr**  
**Mishawaka, IN 46544**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.190 Nonpriority creditor's name and mailing address

**April L Irwin**  
**5309 11th Ave C**  
**Moline, IL 61265**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.191 Nonpriority creditor's name and mailing address

**Aqua Global Events LLC**  
**14435 Sw 158th St**  
**Miami, FL 33177**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.192 Nonpriority creditor's name and mailing address

**Arab Community Center For Econ**  
**omic and Social Services Inc**  
**2651 Saulino Court**  
**Dearborn, MI 48120**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.193	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark</b>  <b>Aus Central Lockbox</b>  <b>PO Box 731676</b>  <b>Dallas, TX 75373-1676</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$20,975.08</b>
3.194	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark Uc Apparel Group Inc</b>  <b>Aus St Louis Mo Lockbox</b>  <b>26792 Network Place</b>  <b>Chicago, IL 60673-1792</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$2,890.75</b>
3.195	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark Uniform and Carreer</b>  <b>Apparel Group Inc</b>  <b>22512 Network Place</b>  <b>Chicago, IL 60673-1225</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.196	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark Uniform Svcs</b>  <b>25259 Network Place</b>  <b>Chicago, IL 60673-1792</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$18,294.54</b>
3.197	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark Uniform Svcs</b>  <b>PO Box 28050</b>  <b>New York, NY 10087-8050</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$11,556.36</b>
3.198	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aramark Uniform Svcs Tr</b>  <b>5120 Advantage Dr</b>  <b>Toledo, OH 43612-3876</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.199	<p>Nonpriority creditor's name and mailing address</p> <p><b>Arbor Beverage</b>  <b>265 Parkland Plaza</b>  <b>Ann Arbor, MI 48103</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.200 Nonpriority creditor's name and mailing address

**Archies Lock and Safe Inc**  
**6233 Annapolis Ln N**  
**Osseo, MN 55311**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.201 Nonpriority creditor's name and mailing address

**Archterra Olathe Pointe Ks**  
**2720 E Camelback Rd**  
**Phoenix, AZ 85016**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.202 Nonpriority creditor's name and mailing address

**Arctic Air Inc**  
**4918 Fernie Ave**  
**Royal Oak, MI 48073**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.203 Nonpriority creditor's name and mailing address

**Arely Cleaning Svcs Inc**  
**PO Box 4536**  
**Silver Spring, MD 20914**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.204 Nonpriority creditor's name and mailing address

**Arkadin Inc**  
**PO Box 347261**  
**Pittsburgh, PA 15251-4261**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.205 Nonpriority creditor's name and mailing address

**Armando Heredia**  
**1460 Brians Way**  
**Rochester, MI 48307**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.206 Nonpriority creditor's name and mailing address

**Armor Door and Key LLC**  
**4014 Chouteau Ave**  
**Saint Louis, MO 63110**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.207	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Arnolds Freimanis</b>  <b>270 Bershire Ln</b>  <b>Sugar Grove, IL 60554</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.208	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Around The Corner Productions</b>  <b>5417 Nordic Drive Ste A</b>  <b>Cedar Falls, IA 50613</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.209	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Arrowstream Software LLC</b>  <b>PO Box 6640</b>  <b>Carol Stream, IL 60197-6640</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.210	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Art By Aisha LLC</b>  <b>155 Elmira St Sw</b>  <b>Washington, DC 20032</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.211	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Art Caram</b>  <b>13841 Lodge Dr</b>  <b>North Royalton, OH 44133</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.212	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Arthritis Foundation Inc</b>  <b>1355 Peachtree Street Ste 600</b>  <b>Atlanta, GA 30309</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.213	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Arthur A Ohotto</b>  <b>542 Ely Street N E</b>  <b>Minneapolis, MN 55432-1616</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.214 Nonpriority creditor's name and mailing address

**Artisan Beer**  
**1999 Shephard Rd**  
**Saint Paul, MN 55116**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.215 Nonpriority creditor's name and mailing address

**Artistic Outdoor Services Inc**  
**31800 Northwestern Hwy Ste 140**  
**Farmington, MI 48334**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.216 Nonpriority creditor's name and mailing address

**Ascap**  
**PO Box 331608**  
**Nashville, TN 37203-7515**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.217 Nonpriority creditor's name and mailing address

**Ascension Health Ministry Serv**  
**4040 Vincennes Circle**  
**Indianapolis, IN 46268**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$130,565.65**

3.218 Nonpriority creditor's name and mailing address

**Ashkel LLC**  
**6304 Nw Bell Rd**  
**Kansas City, MO 64152**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.219 Nonpriority creditor's name and mailing address

**Ashlee Castaneda**  
**1151 N Village Dr**  
**Round Lake, IL 60073**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.220 Nonpriority creditor's name and mailing address

**Ashley Larson**  
**7140 Harrison Ave Ste 108**  
**Rockford, IL 61112**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor Name	Case number (if known)	
<b>Granite City Food &amp; Brewery Ltd.</b>	<b>19-43756</b>	
<b>3.221</b> Nonpriority creditor's name and mailing address <b>Ashley Lugn</b> <b>7321 Pioneers Blvd Apt 326</b> <b>Lincoln, NE 68506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.222</b> Nonpriority creditor's name and mailing address <b>Ashley Serrano</b> <b>3809 Coldwater Rd</b> <b>Fort Wayne, IN 46805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.223</b> Nonpriority creditor's name and mailing address <b>Ashley Silk</b> <b>17097 Fairmeadow Way</b> <b>Farmington, MN 55024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.224</b> Nonpriority creditor's name and mailing address <b>Asian Elephant Support</b> <b>4764 Brookton Way</b> <b>Saint Louis, MO 63128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.225</b> Nonpriority creditor's name and mailing address <b>Asphalt Wizards Inc</b> <b>617 Lacy Road</b> <b>Independence, MO 64050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.226</b> Nonpriority creditor's name and mailing address <b>Asset Acceptance LLC</b> <b>PO Box 2003</b> <b>Warren, MI 48090-2003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.227</b> Nonpriority creditor's name and mailing address <b>At and T</b> <b>PO Box 5001</b> <b>Carol Stream, IL 60197-5001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.44</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.228 Nonpriority creditor's name and mailing address

**AT&T**  
**PO Box 5080**  
**Carol Stream, IL 60197-5080**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$590.33**

3.229 Nonpriority creditor's name and mailing address

**AT&T**  
**PO Box 105262**  
**Atlanta, GA 30348-5262**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$93.65**

3.230 Nonpriority creditor's name and mailing address

**AT&T**  
**PO Box 5014**  
**Carol Stream, IL 60197-5014**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$72.82**

3.231 Nonpriority creditor's name and mailing address

**AT&T Mobility Corp (3057)**  
**PO Box 6463**  
**Carol Stream, IL 60197-6463**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$171.63**

3.232 Nonpriority creditor's name and mailing address

**Atanas Mitov**  
**2110 Nw 86 Ter**  
**Pompano Beach, FL 33071**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.233 Nonpriority creditor's name and mailing address

**Athens Distrib Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.234 Nonpriority creditor's name and mailing address

**Athens Orchestra Parent Associ**  
**4333 John R**  
**Troy, MI 48085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.235 Nonpriority creditor's name and mailing address

**Atmos Energy**  
**PO Box 790311**  
**Saint Louis, MO 63179-0311**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$5,577.36**

3.236 Nonpriority creditor's name and mailing address

**Atronic Alarms Inc**  
**8220 Melrose Drive**  
**Overland Park, KS 66214**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$89.27**

3.237 Nonpriority creditor's name and mailing address

**Atterro Inc**  
**PO Box 74008970**  
**Chicago, IL 60674**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.238 Nonpriority creditor's name and mailing address

**Audrey N Delgaio**  
**1250 Woodchase Ln**  
**Apt B**  
**Chesterfield, MO 63017**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.239 Nonpriority creditor's name and mailing address

**Augies Quest To Cure Als**  
**3601 Ocean Blvd**  
**Corona Del Mar, CA 92625**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.240 Nonpriority creditor's name and mailing address

**AUS SOUTH BEND MC**  
**LOCKBOX26552 NETWORK PLACE**  
**Chicago, IL 60673**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.241 Nonpriority creditor's name and mailing address

**Austin David Anderson**  
**10613 Yosemite Rd**  
**Minneapolis, MN 55437**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.242 Nonpriority creditor's name and mailing address

**Autism Family Network  
5730 R Street Ste C2  
Lincoln, NE 68505**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.243 Nonpriority creditor's name and mailing address

**Automatic Fire Sprinkler LLC  
1809 Industrial Park Dr  
Normal, IL 61761**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.244 Nonpriority creditor's name and mailing address

**Automatic Lawn Sprinkler  
1412 51st Ave N  
Moorhead, MN 56560**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.245 Nonpriority creditor's name and mailing address

**Automatic Security Co Inc  
3011 S Phillips Ave  
Sioux Falls, SD 57105**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$95.85**

3.246 Nonpriority creditor's name and mailing address

**Avami Systems Inc  
3350 Scott Blvd Ste 4601  
Santa Clara, CA 95054**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.247 Nonpriority creditor's name and mailing address

**Avera McKennan Foundation  
1325 S Cliff Ave  
Sioux Falls, SD 57117**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.248 Nonpriority creditor's name and mailing address

**Avi Systems Inc  
Nw8393 PO Box 1450  
Minneapolis, MN 55485-8393**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.249	<p>Nonpriority creditor's name and mailing address  <b>Avvr Inc</b>  <b>801 American Blvd E</b>  <b>Minneapolis, MN 55420</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.250	<p>Nonpriority creditor's name and mailing address  <b>B and B Draintech Oc Inc</b>  <b>630 2nd Ave</b>  <b>Milan, IL 61264</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$321.00</b>
3.251	<p>Nonpriority creditor's name and mailing address  <b>B and B Water Heater LLC</b>  <b>PO Box 181212</b>  <b>Cleveland, OH 44118</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.252	<p>Nonpriority creditor's name and mailing address  <b>B and D Plumbing Heating</b>  <b>And Air Conditioning</b>  <b>4145 Mackenzie Court Ne</b>  <b>Saint Michael, MN 55376</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.253	<p>Nonpriority creditor's name and mailing address  <b>B and J Enterprises Inc</b>  <b>400 West Industrial Lake Drive</b>  <b>Lincoln, NE 68528</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.254	<p>Nonpriority creditor's name and mailing address  <b>B and K Beverage Service Inc</b>  <b>3005 E 100 N</b>  <b>Lebanon, IN 46052</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.255	<p>Nonpriority creditor's name and mailing address  <b>Bacchus Importers Ltd</b>  <b>1817 Portal Street</b>  <b>Baltimore, MD 21224</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.256	<b>Nonpriority creditor's name and mailing address</b> <b>Backflow Prevention Services O</b> <b>1253 170th St</b> <b>Saint Anthony, IA 50239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.257	<b>Nonpriority creditor's name and mailing address</b> <b>Backup Beverage LLC</b> <b>4600 Wedgewood Blvd Ste M</b> <b>Frederick, MD 21703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.258	<b>Nonpriority creditor's name and mailing address</b> <b>Bagat Brothers Inc</b> <b>PO Box 20520</b> <b>Dayton, OH 45420</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.259	<b>Nonpriority creditor's name and mailing address</b> <b>Bagat Inc</b> <b>PO Box 292148</b> <b>Dayton, OH 45429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.260	<b>Nonpriority creditor's name and mailing address</b> <b>Bakken Beacon Media LLC</b> <b>2852 Thunder Road South</b> <b>Fargo, ND 58104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$670.00</b>
3.261	<b>Nonpriority creditor's name and mailing address</b> <b>Bald Man Brewing Inc</b> <b>2020 Silver Bell Rd Unit 25</b> <b>Saint Paul, MN 55122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.262	<b>Nonpriority creditor's name and mailing address</b> <b>Barbershop Harmony Society</b> <b>Lincoln Chapter A060</b> <b>2901 N 56th Street</b> <b>Lincoln, NE 68504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.263 Nonpriority creditor's name and mailing address

**Barbingo Inc**  
**2217 West Berwyn**  
**Chicago, IL 60625**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264 Nonpriority creditor's name and mailing address

**Barrel Accessories and Supply**  
**PO Box 92170**  
**Elk Grove Village, IL 60009**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.265 Nonpriority creditor's name and mailing address

**Barth Electric Co Inc**  
**1934 N Illinois St**  
**Indianapolis, IN 46202**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.266 Nonpriority creditor's name and mailing address

**Bartz Viviano Flowers and**  
**Gifts Inc**  
**4505 Secor Road**  
**Toledo, OH 43623**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.267 Nonpriority creditor's name and mailing address

**Battaglia Industries Inc**  
**406 W Campus Drive**  
**Arlington Heights, IL 60004-1406**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.268 Nonpriority creditor's name and mailing address

**Bauer Lawn Maint Inc**  
**6341 Monclova Road**  
**PO Box 8732**  
**Maumee, OH 43537**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.269 Nonpriority creditor's name and mailing address

**Bayard Friedman**  
**3879 Maple Avenue**  
**Suite 400**  
**Dallas, TX 75219**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor Name	Case number (if known)	
<b>Granite City Food &amp; Brewery Ltd.</b>	<b>19-43756</b>	
<b>3.270</b> Nonpriority creditor's name and mailing address <b>Bbi Metrics LLC</b> <b>17304 Preston Road Suite 430</b> <b>Dallas, TX 75252</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.271</b> Nonpriority creditor's name and mailing address <b>Bd Of Education Wayne Co North</b> <b>501 W Main Street</b> <b>Northville, MI 48167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.272</b> Nonpriority creditor's name and mailing address <b>Beal Distrib Inc</b> <b>PO Box 84905</b> <b>Sioux Falls, SD 57118-4905</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.90</b>
<b>3.273</b> Nonpriority creditor's name and mailing address <b>Becca Koehler</b> <b>3838 Sheridan Blvd</b> <b>Lincoln, NE 68506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.274</b> Nonpriority creditor's name and mailing address <b>Becks Florist Inc</b> <b>PO Box 178</b> <b>Peoria, IL 61650</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.275</b> Nonpriority creditor's name and mailing address <b>Bell Brothers Heating and Air</b> <b>2822 6th Ave</b> <b>Des Moines, IA 50313</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.276</b> Nonpriority creditor's name and mailing address <b>Benjamin August Revier</b> <b>517 3rd Ave N #4</b> <b>Fargo, ND 58102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.277	<b>Nonpriority creditor's name and mailing address</b> <b>Benjamin Franklin Plumb</b> <b>5720 International Parkway</b> <b>Minneapolis, MN 55428</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.278	<b>Nonpriority creditor's name and mailing address</b> <b>Benjamin Porcayo</b> <b>2504 Crystal Court</b> <b>Woodridge, IL 60517</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>Benji Thomas</b> <b>1636 42nd St S</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Bennego Gounwa Kangar</b> <b>W9894 State Road 35</b> <b>Hager City, WI 54014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Benz Beverage Depot</b> <b>501 7th Avenue Se</b> <b>Cedar Rapids, IA 52401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$704.07</b>
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>Berg Industries Inc</b> <b>3455 S Mulford Rd</b> <b>Rockford, IL 61109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Bergseth Bros Co Inc</b> <b>PO Box 1994</b> <b>Fargo, ND 58107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Bergstrom Electric</b> <b>Hwy 81 N Box 13152</b> <b>Grand Forks, ND 58208-3152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.285	<b>Nonpriority creditor's name and mailing address</b> <b>Bernard L Hansbro</b> <b>16573 Burt</b> <b>Detroit, MI 48219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.286	<b>Nonpriority creditor's name and mailing address</b> <b>Berndt and Associates Pc</b> <b>30500 Van Dyke #702</b> <b>Warren, MI 48093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.287	<b>Nonpriority creditor's name and mailing address</b> <b>Bernicks Pepsicola</b> <b>PO Box 7457</b> <b>Saint Cloud, MN 56302-7457</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.288	<b>Nonpriority creditor's name and mailing address</b> <b>Berry Design Inc</b> <b>755 Mid Broadwell Rd</b> <b>Milton, GA 30004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> <b>Bertarelli Cutlery Inc</b> <b>1927 Marconi</b> <b>Saint Louis, MO 63110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.290	<b>Nonpriority creditor's name and mailing address</b> <b>Best Biz LLC</b> <b>101 S Main Ste 400</b> <b>Sioux Falls, SD 57104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.291 Nonpriority creditor's name and mailing address

**Best Brands Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.292 Nonpriority creditor's name and mailing address

**Best Buddies International Inc  
100 Southeast Second Street  
Ste 2200  
Miami, FL 33131**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.293 Nonpriority creditor's name and mailing address

**Best Christmas Ever Inc  
PO Box 439  
Cloquet, MN 55720**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.294 Nonpriority creditor's name and mailing address

**Best Veterinary Solutions  
PO Box 370  
Ellsworth, IA 50075**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.295 Nonpriority creditor's name and mailing address

**Best View Signs Inc  
212 Sherman Ave  
Montgomery, IL 60538**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.296 Nonpriority creditor's name and mailing address

**Betel Home Care LLC  
1855 N Park Dr  
Saint Paul, MN 55119**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$7,256.68**

3.297 Nonpriority creditor's name and mailing address

**Beth Asinari  
1513 13 1/2 St S  
Fargo, ND 58103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Beth Jackson</b> <b>346 Summer Lane</b> <b>Maplewood, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Bethany For Children and Famil</b> <b>1830 6th Ave</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>Beverage Distrib la Fintech</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.301	<b>Nonpriority creditor's name and mailing address</b> <b>Beverage Wholesalers</b> <b>PO Box 1864</b> <b>Fargo, ND 58107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$872.20</b>
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3.302	<b>Nonpriority creditor's name and mailing address</b> <b>Bfd Outdoors Inc</b> <b>225 N 2nd St</b> <b>Pekin, IL 61554</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.303	<b>Nonpriority creditor's name and mailing address</b> <b>Bildon Parts and Service Inc</b> <b>PO Box 531265</b> <b>Livonia, MI 48153</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.304	<b>Nonpriority creditor's name and mailing address</b> <b>Bio Grils Inc.</b> <b>556 Lizzie Pl E</b> <b>West Fargo, ND 58078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.305	<b>Nonpriority creditor's name and mailing address</b> <b>Biologix Service Corp</b> <b>1561 Fairview Ave</b> <b>Saint Louis, MO 63132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.00</b>
3.306	<b>Nonpriority creditor's name and mailing address</b> <b>Birko Corp</b> <b>9152 Yosemite St</b> <b>Henderson, CO 80640</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,026.24</b>
3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Birmingham Bloomfield Chamber</b> <b>725 S Adams Road Suite 130</b> <b>Birmingham, MI 48009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Birmingham Public Schools</b> <b>31301 Evergreen Road</b> <b>Franklin, MI 48025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.309	<b>Nonpriority creditor's name and mailing address</b> <b>Birthdays Direct</b> <b>PO Box 181</b> <b>Cottleville, MO 63338-0181</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$793.80</b>
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Bishop Canevin High School</b> <b>2700 Morange Rd</b> <b>Pittsburgh, PA 15205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>Bix Produce Co</b> <b>3060 Centerville Rd</b> <b>Little Canada, MN 55117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,242.60</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.312	<b>Nonpriority creditor's name and mailing address</b> <b>Bizco Inc</b> <b>7950 O Street</b> <b>Lincoln, NE 68510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.313	<b>Nonpriority creditor's name and mailing address</b> <b>Black Hills Energy</b> <b>PO Box 6001</b> <b>Rapid City, SD 57709-6001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,145.50</b>
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3.314	<b>Nonpriority creditor's name and mailing address</b> <b>Black Stack Brewing Inc</b> <b>755 North Prior Ave Ste 110</b> <b>Saint Paul, MN 55104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.315	<b>Nonpriority creditor's name and mailing address</b> <b>Blackburn Basement Systems Inc</b> <b>PO Box 367</b> <b>Miller, SD 57362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.316	<b>Nonpriority creditor's name and mailing address</b> <b>Blackhawk Automatic Sprinklers</b> <b>PO Box 998</b> <b>Cedar Falls, IA 50613</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.317	<b>Nonpriority creditor's name and mailing address</b> <b>Blackhawks Of St Paul</b> <b>PO Box 40436</b> <b>Saint Paul, MN 55106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.318	<b>Nonpriority creditor's name and mailing address</b> <b>Blake J Kowalski</b> <b>2026 Brandon Rd</b> <b>Glenview, IL 60025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor Name	Case number (if known)	19-43756
<b>Granite City Food &amp; Brewery Ltd.</b> Name 3.319 Nonpriority creditor's name and mailing address <b>Bleeding Disorders Alliance Of</b> <b>PO Box 548</b> <b>Fargo, ND 58107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.320 Nonpriority creditor's name and mailing address <b>Blichmann Engineering LLC</b> <b>1600 Canal Rd Ste A</b> <b>Lafayette, IN 47904</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.321 Nonpriority creditor's name and mailing address <b>Bloomfield Hills School Distri</b> <b>PO Box 2027</b> <b>Bloomfield Hills, MI 48303-2027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.322 Nonpriority creditor's name and mailing address <b>Blue Cross Blue Shield</b> <b>PO Box 64676</b> <b>Saint Paul, MN 55164-0676</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,176.08</b>
3.323 Nonpriority creditor's name and mailing address <b>Blue Ribbon Pelham Waters</b> <b>PO Box 1311</b> <b>Fort Dodge, IA 50501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.97</b>
3.324 Nonpriority creditor's name and mailing address <b>BlueLine Security Services LLC</b> <b>851 Brightseat Road</b> <b>Landover, MD 20785</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.325 Nonpriority creditor's name and mailing address <b>Blume Brauhaus LLC</b> <b>1744 Terrace Dr</b> <b>Roseville, MN 55113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.326	<b>Nonpriority creditor's name and mailing address</b> <b>Bmi Cr Annapolis</b> <b>PO Box 630893</b> <b>Cincinnati, OH 45263-0893</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,858.81</b>
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3.327	<b>Nonpriority creditor's name and mailing address</b> <b>Bni Of The Heartland LLC</b> <b>20775 Rawhide Road</b> <b>Elkhorn, NE 68022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.328	<b>Nonpriority creditor's name and mailing address</b> <b>Board Of Education City Of Peo</b> <b>1615 N North St</b> <b>Peoria, IL 61604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.329	<b>Nonpriority creditor's name and mailing address</b> <b>Board Of Education Macomb Coun</b> <b>31300 Anita Drive</b> <b>Warren, MI 48093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.330	<b>Nonpriority creditor's name and mailing address</b> <b>Board Of Education Of Price</b> <b>Georges County</b> <b>14201 School Lane</b> <b>Upper Marlboro, MD 20772</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.331	<b>Nonpriority creditor's name and mailing address</b> <b>Board Of Tax Appeals</b> <b>Eisenhower State Office Bld</b> <b>700 Sw Harrison Ste 1022</b> <b>Topeka, KS 66603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.332	<b>Nonpriority creditor's name and mailing address</b> <b>Bob Hall Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.333	<b>Nonpriority creditor's name and mailing address</b> <b>Bobs Lock &amp; Key Shop</b> <b>900 W 41st St</b> <b>Sioux Falls, SD 57105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.334	<b>Nonpriority creditor's name and mailing address</b> <b>Boelter Brands LLC</b> <b>PO Box 734296</b> <b>Chicago, IL 60673-4296</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,401.64</b>
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3.335	<b>Nonpriority creditor's name and mailing address</b> <b>Bolster LLC</b> <b>23 4th St Ne</b> <b>Minneapolis, MN 55413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.336	<b>Nonpriority creditor's name and mailing address</b> <b>Boormalt USA Limited Inc.</b> <b>833 E Michigan St. Ste. 1</b> <b>Milwaukee, WI 53202-5621</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,400.00</b>
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3.337	<b>Nonpriority creditor's name and mailing address</b> <b>Boreded Up Productions LLC</b> <b>402 E State St</b> <b>Rockford, IL 61104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.338	<b>Nonpriority creditor's name and mailing address</b> <b>Bountybev LLC</b> <b>414 Harding Industrial Dr</b> <b>Nashville, TN 37211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.339	<b>Nonpriority creditor's name and mailing address</b> <b>Bowling Green City School Dist</b> <b>137 Clough Street</b> <b>Bowling Green, OH 43402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.340	<b>Nonpriority creditor's name and mailing address</b> <b>Boyd A Bristow</b> <b>2004 S Hillview Rd</b> <b>Sioux Falls, SD 57110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.341	<b>Nonpriority creditor's name and mailing address</b> <b>Boyd Kane</b> <b>2902 A Ivy Drive</b> <b>Newton, KS 67114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.342	<b>Nonpriority creditor's name and mailing address</b> <b>Boys and Girls Club Of Troy</b> <b>3670 John R Road</b> <b>Troy, MI 48083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.343	<b>Nonpriority creditor's name and mailing address</b> <b>Bozick Distrib</b> <b>2840 Old Washington Road</b> <b>Waldorf, MD 20601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,178.00</b>
3.344	<b>Nonpriority creditor's name and mailing address</b> <b>Brady Roers</b> <b>133 18th Ave N</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.345	<b>Nonpriority creditor's name and mailing address</b> <b>Brandon Gruba</b> <b>912 5th Street Ne</b> <b>New York Mills, MN 56567-5557</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.346	<b>Nonpriority creditor's name and mailing address</b> <b>Brandon J Peiffer</b> <b>2615 East Lawn Dr</b> <b>Marion, IA 52302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.347 Nonpriority creditor's name and mailing address

**Brandon J Wilkinson**  
**1439 Wall St**  
**Fort Wayne, IN 46802**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.348 Nonpriority creditor's name and mailing address

**Brandon Patierno**  
**6204 Newberry Rd Apt 302**  
**Indianapolis, IN 46256**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.349 Nonpriority creditor's name and mailing address

**Brandon Poppert**  
**2917 S 47th Street**  
**Lincoln, NE 68506-3343**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.350 Nonpriority creditor's name and mailing address

**Brandon Rich**  
**5270 Utica Ridge Rd**  
**Davenport, IA 52807**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.351 Nonpriority creditor's name and mailing address

**Brass Foundry Brewing Co. Inc.**  
**8441 Wayzata Blvd**  
**Minneapolis, MN 55426**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$175.00**

3.352 Nonpriority creditor's name and mailing address

**Brass Tap Beverage Systems Inc**  
**668 E Northwest Hwy**  
**Mount Prospect, IL 60056**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.353 Nonpriority creditor's name and mailing address

**Brave Fire Protection LLC**  
**12649 Dunn Rd**  
**Riley, MI 48041**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.354	<b>Nonpriority creditor's name and mailing address</b> <b>Bravehearts Therapeutic Riding</b> <b>7319 Maxon Road</b> <b>Harvard, IL 60033</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.355	<b>Nonpriority creditor's name and mailing address</b> <b>Braxton Luzier</b> <b>260 5th St E Apt 410</b> <b>Saint Paul, MN 55101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.356	<b>Nonpriority creditor's name and mailing address</b> <b>Breakthru Beverage Illinois LL</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,151.72</b>
3.357	<b>Nonpriority creditor's name and mailing address</b> <b>Breakthru Beverage Md</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.358	<b>Nonpriority creditor's name and mailing address</b> <b>Breakthru Beverage Minnesota Wine &amp; Spirits LLC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$268.33</b>
3.359	<b>Nonpriority creditor's name and mailing address</b> <b>Breakthru Beverage Minnesota Beer LLC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.360	<b>Nonpriority creditor's name and mailing address</b> <b>Brecke Inc</b> <b>4140 F Avenue Nw</b> <b>Cedar Rapids, IA 52405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,730.09</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.361	<b>Nonpriority creditor's name and mailing address</b> <b>Bremen Community High School</b> <b>District 228</b> <b>15201 S Central Ave</b> <b>Oak Forest, IL 60452</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.362	<b>Nonpriority creditor's name and mailing address</b> <b>Bren Schauf</b> <b>3600 American Blvd W Ste 400</b> <b>% Granite City Food &amp; Brewery</b> <b>Bloomington, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.363	<b>Nonpriority creditor's name and mailing address</b> <b>Brenans Cleaners</b> <b>3051 25th St South</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145.80</b>
3.364	<b>Nonpriority creditor's name and mailing address</b> <b>Brenco Corp</b> <b>1193 Main Ave East</b> <b>PO Box 240</b> <b>West Fargo, ND 58078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.365	<b>Nonpriority creditor's name and mailing address</b> <b>Brendan Mcmanus</b> <b>3535 North 48th St</b> <b>Omaha, NE 68104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.366	<b>Nonpriority creditor's name and mailing address</b> <b>Brenden E Meyer</b> <b>2100 English Turn Drive</b> <b>Presto, PA 15142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.367	<b>Nonpriority creditor's name and mailing address</b> <b>Brenna M Beach</b> <b>220 Ann St</b> <b>Tonganoxie, KS 66086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.368 Nonpriority creditor's name and mailing address

**Brent Breunig**  
**604 N Pulvermacher Rd**  
**Prairie Du Sac, WI 53578**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.369 Nonpriority creditor's name and mailing address

**Brett Alexander**  
**19964 Freeland St**  
**Detroit, MI 48235**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.370 Nonpriority creditor's name and mailing address

**Brew A Creative Collaborative**  
**201 6th St Se Ste 1**  
**Minneapolis, MN 55414**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.371 Nonpriority creditor's name and mailing address

**Brewcraft Usa**  
**PO Box 51602**  
**Los Angeles, CA 90051-5902**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.372 Nonpriority creditor's name and mailing address

**Brewers Association**  
**PO Box 1679**  
**Boulder, CO 80306**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.373 Nonpriority creditor's name and mailing address

**Brewers Distrib Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.374 Nonpriority creditor's name and mailing address

**Brewers Supply Group**  
**PO Box 74769**  
**Chicago, IL 60694-4769**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$7,458.12**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.375 Nonpriority creditor's name and mailing address

**Bri Inc**  
**8020 Zionsville Rd**  
**Indianapolis, IN 46268**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.376 Nonpriority creditor's name and mailing address

**Brian Androwich**  
**801 Plaza Dr**  
**Schaumburg, IL 60173**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.377 Nonpriority creditor's name and mailing address

**Brian Christopher Lorida**  
**28409 Glenwood**  
**Southfield, MI 48086**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.378 Nonpriority creditor's name and mailing address

**Brian Grabowski**  
**325 6th Ave Se Apt 203**  
**Minneapolis, MN 55414**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.379 Nonpriority creditor's name and mailing address

**Brian Shearer**  
**1001 North 102nd St**  
**Omaha, NE 68114**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.380 Nonpriority creditor's name and mailing address

**Brian Thomas**  
**1325 A Ave**  
**Marion, IA 52302**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.381 Nonpriority creditor's name and mailing address

**Brian Walz**  
**1210 7th Ave South**  
**Sartell, MN 56377**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.382	<b>Nonpriority creditor's name and mailing address</b> <b>Bridgette Law</b> <b>9201 W 98th Terrace</b> <b>Overland Park, KS 66212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.383	<b>Nonpriority creditor's name and mailing address</b> <b>Briggs and Morgan Pa Inc</b> <b>PO Box 64591</b> <b>Saint Paul, MN 55164-0591</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.384	<b>Nonpriority creditor's name and mailing address</b> <b>Bright Cleaning Solutions Tn L</b> <b>4235 Hillsboro Pike Ste 300</b> <b>Nashville, TN 37215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.385	<b>Nonpriority creditor's name and mailing address</b> <b>Bright House Networks LLC</b> <b>PO Box 30262</b> <b>Tampa, FL 33630-3262</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.386	<b>Nonpriority creditor's name and mailing address</b> <b>Brinks Incorporated</b> <b>7373 Solutions Center</b> <b>Chicago, IL 60677-7003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,275.05</b>
3.387	<b>Nonpriority creditor's name and mailing address</b> <b>Brite Way</b> <b>3332 4th Ave S</b> <b>Suite 2e</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$575.00</b>
3.388	<b>Nonpriority creditor's name and mailing address</b> <b>Brittany Haas</b> <b>2300 Village Drive West</b> <b>Suite 130</b> <b>Maumee, OH 43537</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.389 Nonpriority creditor's name and mailing address

**Brittany Head**  
**572 Northgate Dr**  
**Greenwood, IN 46143**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.390 Nonpriority creditor's name and mailing address

**Brittany N Brodacki**  
**4798 Calvert Dr**  
**Troy, MI 48085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.391 Nonpriority creditor's name and mailing address

**Brittany Small**  
**5005 Greenfield Dr**  
**Fort Wayne, IN 46835**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.392 Nonpriority creditor's name and mailing address

**Broadridge Investor**  
**Communication Solutions Inc**  
**PO Box 416423**  
**Boston, MA 02241**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.393 Nonpriority creditor's name and mailing address

**Broadstroke Inc**  
**820 W 2nd St N**  
**Wichita, KS 67203-6005**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.394 Nonpriority creditor's name and mailing address

**Brooke Pearson**  
**9220 S 28th St**  
**Lincoln, NE 68516**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.395 Nonpriority creditor's name and mailing address

**Brooklyn Black**  
**1782 Handball Ln Apt C**  
**Indianapolis, IN 46260**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.396 Nonpriority creditor's name and mailing address

**Brothers Fire Protection Inc**  
**3781 Ne 11 Avenue**  
**Pompano Beach, FL 33064**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.397 Nonpriority creditor's name and mailing address

**Brothers Furniture Design Llp**  
**4869 Mehaffey St**  
**Indianapolis, IN 46226**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.398 Nonpriority creditor's name and mailing address

**Brown Bag Liquor LLC**  
**195 North Parker**  
**Olathe, KS 66061**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.399 Nonpriority creditor's name and mailing address

**Brown Distrib Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.400 Nonpriority creditor's name and mailing address

**Brown Truck Leasing Corp**  
**11229 Aurora Avenue**  
**Urbandale, IA 50322**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$10,249.81**

3.401 Nonpriority creditor's name and mailing address

**Browne Academy**  
**5917 Telegraph Road**  
**Alexandria, VA 22310**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.402 Nonpriority creditor's name and mailing address

**Bruce Thompson**  
**4559 Fields Way**  
**Lorain, OH 44053**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor Name	Case number (if known)	19-43756
<b>Granite City Food &amp; Brewery Ltd.</b> 3.403 Nonpriority creditor's name and mailing address <b>Brunetti Brewing Company LLC</b> <b>102 Union Ave</b> <b>Oakdale, PA 15071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.404 Nonpriority creditor's name and mailing address <b>Bryan Brown</b> <b>2195 Doe Run Dr</b> <b>Arnold, MO 63010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.405 Nonpriority creditor's name and mailing address <b>Bryan Campbell</b> <b>5202 Crawfordsville</b> <b>Indianapolis, IN 46224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.406 Nonpriority creditor's name and mailing address <b>Bryan Richter</b> <b>15420 Warwick</b> <b>Detroit, MI 48223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.407 Nonpriority creditor's name and mailing address <b>Bryan Wolfe</b> <b>6753 Woodcliff Circle</b> <b>Zionsville, IN 46077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.408 Nonpriority creditor's name and mailing address <b>BSREP II Simply Storage JV LLC</b> <b>Simply Storage Troy</b> <b>Troy, MI 48083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.409 Nonpriority creditor's name and mailing address <b>Buck Distrib Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.410	Nonpriority creditor's name and mailing address <b>Buffalo Grove Instrumental Ass</b> <b>1100 W Dundee Rd</b> <b>Buffalo Grove, IL 60089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.411	Nonpriority creditor's name and mailing address <b>Building Hope In Kids Uganda</b> <b>1600 Fayette Ave</b> <b>Washington, IL 61571</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.412	Nonpriority creditor's name and mailing address <b>Burns Rent Aalls Inc</b> <b>2401 N Home St</b> <b>Mishawaka, IN 46545</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.413	Nonpriority creditor's name and mailing address <b>Busch Heating and Cooling Inc</b> <b>11 Grandview Park Drive</b> <b>Arnold, MO 63010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.414	Nonpriority creditor's name and mailing address <b>Business Network International</b> <b>5533 S 27th Street Ste 205</b> <b>Lincoln, NE 68512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.415	Nonpriority creditor's name and mailing address <b>Busse Woods Running Club Inc</b> <b>4 Brucewood Ct</b> <b>Buffalo Grove, IL 60089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.416	Nonpriority creditor's name and mailing address <b>C and C Mechanical LLC</b> <b>470 Sw 850 Rd</b> <b>Chilhowee, MO 64733</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.417	<p>Nonpriority creditor's name and mailing address</p> <p><b>C and G Publishing Inc</b>  <b>13650 East 11 Mile Rd</b>  <b>Warren, MI 48089</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.418	<p>Nonpriority creditor's name and mailing address</p> <p><b>C and L Distrib</b>  <b>PO Box 457</b>  <b>Sauk Rapids, MN 56379</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$637.40</b>
3.419	<p>Nonpriority creditor's name and mailing address</p> <p><b>C H McGuinness Co Inc</b>  <b>1637 East 17th Street</b>  <b>Des Moines, IA 50316</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.420	<p>Nonpriority creditor's name and mailing address</p> <p><b>Cable One Inc</b>  <b>PO Box 78000</b>  <b>Phoenix, AZ 85062-8000</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.421	<p>Nonpriority creditor's name and mailing address</p> <p><b>Cameron B Freeman Inc</b>  <b>38568 Webb Dr</b>  <b>Westland, MI 48185</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$5,134.12</b>
3.422	<p>Nonpriority creditor's name and mailing address</p> <p><b>Campbell Inc</b>  <b>2875 Crane Way</b>  <b>Northwood, OH 43619</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.423	<p>Nonpriority creditor's name and mailing address</p> <p><b>Campus Cash Coupons Inc</b>  <b>PO Box 270191</b>  <b>Fort Collins, CO 80527</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.424	<p>Nonpriority creditor's name and mailing address  <b>Canada Malting Co Ltd</b>  <b>T57585u</b>  <b>PO Box 57585 Station A</b>  <b>Toronto, ON</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.425	<p>Nonpriority creditor's name and mailing address  <b>Capital Commercial Cleaning Se</b>  <b>5401 Hamilton St #2</b>  <b>Hyattsville, MD 20781</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,740.00</b>
3.426	<p>Nonpriority creditor's name and mailing address  <b>Capital Contractors Inc</b>  <b>One Computer Associates Plaza</b>  <b>Ste 101</b>  <b>Islandia, NY 11749</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.427	<p>Nonpriority creditor's name and mailing address  <b>Capitol Beverage Roseville</b>  <b>6982 Hwy 65 NE</b>  <b>Minneapolis, MN 55432</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,035.55</b>
3.428	<p>Nonpriority creditor's name and mailing address  <b>Capitol Beverage Sales Fintech</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.429	<p>Nonpriority creditor's name and mailing address  <b>Capitol Maint Supply</b>  <b>PO Box 556</b>  <b>Haddonfield, NJ 08033</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.430	<p>Nonpriority creditor's name and mailing address  <b>Caplaco Nine Inc</b>  <b>11850 Studt Avenue</b>  <b>PO Box 419121</b>  <b>Saint Louis, MO 63141</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.431	<b>Nonpriority creditor's name and mailing address</b> <b>Captain Sean M Ruane Memorial</b> <b>35 Kenwood Drive</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.432	<b>Nonpriority creditor's name and mailing address</b> <b>Captive Aire Systems Inc</b> <b>PO Box 60270</b> <b>Charlotte, NC 28260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.433	<b>Nonpriority creditor's name and mailing address</b> <b>Carefree Windows Inc.</b> <b>PO Box 6063</b> <b>Rockford, IL 61125</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>
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3.434	<b>Nonpriority creditor's name and mailing address</b> <b>Carey Carrington</b> <b>4321 Windsor Parkway</b> <b>Dallas, TX 75205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.435	<b>Nonpriority creditor's name and mailing address</b> <b>Cargill Incorporated</b> <b>15407 Mcginty Rd W</b> <b>Wayzata, MN 55391</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.436	<b>Nonpriority creditor's name and mailing address</b> <b>Cargill Malt</b> <b>PO Box 1450</b> <b>Nw 9658</b> <b>Minneapolis, MN 55485-9658</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.437	<b>Nonpriority creditor's name and mailing address</b> <b>Carl Lashley</b> <b>3200 Mcrobert Rd</b> <b>Pittsburgh, PA 15234</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor Name	Case number (if known)	19-43756
<b>Granite City Food &amp; Brewery Ltd.</b> Name 3.438 Nonpriority creditor's name and mailing address <b>Carlos Moran</b> <b>4242 Shirley Ave</b> <b>Lynwood, CA 90262</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.439 Nonpriority creditor's name and mailing address <b>Carly Cares Corp</b> <b>6927 Berkey Southern Rd</b> <b>Whitehouse, OH 43571</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.440 Nonpriority creditor's name and mailing address <b>Carmel Utilities</b> <b>PO Box 109</b> <b>Carmel, IN 46082-0109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$230.02</b>
3.441 Nonpriority creditor's name and mailing address <b>Carol J Bennes</b> <b>10 17th Avenue Se</b> <b>Saint Joseph, MN 56374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.442 Nonpriority creditor's name and mailing address <b>Carrie S White</b> <b>2454 S 15th St #2</b> <b>Omaha, NE 68108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.443 Nonpriority creditor's name and mailing address <b>Casey Cornell</b> <b>1965 Silver Bell Rd #315</b> <b>Eagan, MN 55122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.444 Nonpriority creditor's name and mailing address <b>Cass Co Electric Coop</b> <b>PO Box 6088</b> <b>Fargo, ND 58108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,892.00</b>



Debtor	Name		Case number (if known)	19-43756
3.445	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Catherine A Cronin 586 Bellerive Rd #2c Annapolis, MD 21409-4619	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.446	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Catie Seivert 7140 Harrison Ave Ste 108 Rockford, IL 61112	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.447	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$200.99	
	Cavalier Distributing Company 4650 Lake Forest Drive Ste 580 Blue Ash, OH 45242	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.448	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	CAVALIER DISTRIBUTING INDIANA 3332 PAGOSA CT Indianapolis, IN 46226	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.449	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Cavalier Spirits LLC 4930 Lakeland Commerce Park Lakeland, FL 33805	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.450	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown	
	Cbe Pride Inc 901 6th St Sw Ste 615a Washington, DC 20024	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.451	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,692.31	
	Cbs Outdoor LLC PO Box 33074 Newark, NJ 07188	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.452 Nonpriority creditor's name and mailing address

**Cch Incorporated**  
**PO Box 4307**  
**Carol Stream, IL 60197-4307**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.453 Nonpriority creditor's name and mailing address

**Cdw LLC**  
**200 N Milwaukee Ave**  
**Vernon Hills, IL 60061**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$976.12**

3.454 Nonpriority creditor's name and mailing address

**Cedar Rapids Firefighters Foun**  
**713 1st Ave Se**  
**Cedar Rapids, IA 52401**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.455 Nonpriority creditor's name and mailing address

**Cedar Rapids Metro**  
**Economic Alliance**  
**501 1st Street Se**  
**Cedar Rapids, IA 52401**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$675.00**

3.456 Nonpriority creditor's name and mailing address

**Cedar Rapids Public Library Fo**  
**450 5th Avenue Se**  
**Cedar Rapids, IA 52401**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.457 Nonpriority creditor's name and mailing address

**Cedar Rapids Water Dept**  
**PO Box 3255**  
**Attn: Remittance Processing**  
**Cedar Rapids, IA 52406-3255**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,236.17**

3.458 Nonpriority creditor's name and mailing address

**Celarity Inc**  
**8120 Penn Ave Ste 220**  
**Bloomington, MN 55431**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.459	<b>Nonpriority creditor's name and mailing address</b> <b>Centerpoint Energy</b> <b>PO Box 4671</b> <b>Houston, TX 77210-4671</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,760.65</b>
3.460	<b>Nonpriority creditor's name and mailing address</b> <b>Central Collection Unit</b> <b>300 W Preston 5th Fl</b> <b>Baltimore, MD 21201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.461	<b>Nonpriority creditor's name and mailing address</b> <b>Central Key&amp; Safe Co Inc</b> <b>305 N Market</b> <b>Wichita, KS 67202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.462	<b>Nonpriority creditor's name and mailing address</b> <b>Central McGowan Inc</b> <b>123 Roosevelt Road</b> <b>Saint Cloud, MN 56302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.463	<b>Nonpriority creditor's name and mailing address</b> <b>Central States Beverage Co</b> <b>1900 W 142nd Street</b> <b>Overland Park, KS 66224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$366.00</b>
3.464	<b>Nonpriority creditor's name and mailing address</b> <b>Central States Services Inc</b> <b>PO Box 1476</b> <b>Lake Ozark, MO 65049</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.465	<b>Nonpriority creditor's name and mailing address</b> <b>Century Security Group LLC</b> <b>PO Box 181099</b> <b>Utica, MI 48318</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.466	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 52187</b> <b>Phoenix, AZ 85072-2187</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.467	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 2956</b> <b>Phoenix, AZ 85062-2956</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8.66</b>
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3.468	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 2961</b> <b>Phoenix, AZ 85062-2961</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.469	<b>Nonpriority creditor's name and mailing address</b> <b>Centurylink</b> <b>PO Box 4300</b> <b>Carol Stream, IL 60197-4300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.68</b>
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3.470	<b>Nonpriority creditor's name and mailing address</b> <b>Cerenity Senior Care</b> <b>512 Humboldt Ave</b> <b>Saint Paul, MN 55107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.471	<b>Nonpriority creditor's name and mailing address</b> <b>Chad Coats</b> <b>816 E 23rd Ave</b> <b>Kansas City, MO 64116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.472	<b>Nonpriority creditor's name and mailing address</b> <b>Chad Larson LLC</b> <b>1107 Old Hassayampa Ln</b> <b>Prescott, AZ 86303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.473 Nonpriority creditor's name and mailing address

**Chaffee Lok Pro Inc**  
**217 S Kansas Ave Unit A**  
**Olathe, KS 66061**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.474 Nonpriority creditor's name and mailing address

**Chaldean American Chamber Of C**  
**30095 Northwestern Highway**  
**Ste 101**  
**Farmington, MI 48334**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.475 Nonpriority creditor's name and mailing address

**Challenge Entertainment Indian**  
**PO Box 502365**  
**Indianapolis, IN 46250**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.476 Nonpriority creditor's name and mailing address

**Challenge Entertainment Oklaho**  
**PO Box 14116**  
**Oklahoma City, OK 73113-0116**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.477 Nonpriority creditor's name and mailing address

**Chantelle Robinson**  
**7350 State Ave**  
**Kansas City, KS 66112**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.478 Nonpriority creditor's name and mailing address

**Charles County Humane Society**  
**71 Industrial Park Dr**  
**Waldorf, MD 20602**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.479 Nonpriority creditor's name and mailing address

**Charles Haven Inc**  
**275 Market Street**  
**Suite 287**  
**Minneapolis, MN 55405-1627**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor Name	Case number (if known)	19-43756
<b>3.480</b> Nonpriority creditor's name and mailing address <b>Charlie T's Food LLC</b> <b>3882 Mersey Way</b> <b>Eagan, MN 55123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.481</b> Nonpriority creditor's name and mailing address <b>Charter Communications Holdin</b> <b>PO Box 3019</b> <b>Milwaukee, WI 53201-3019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.99</b>
<b>3.482</b> Nonpriority creditor's name and mailing address <b>Charter Communications Holding</b> <b>PO Box 790086</b> <b>Saint Louis, MO 63179-0086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.483</b> Nonpriority creditor's name and mailing address <b>Chas A Bernick Inc</b> <b>PO Box 7008</b> <b>Saint Cloud, MN 56302-7008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.484</b> Nonpriority creditor's name and mailing address <b>Cherry Valley Fire Protection</b> <b>202 E State Street</b> <b>PO Box 540</b> <b>Cherry Valley, IL 61016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.485</b> Nonpriority creditor's name and mailing address <b>Cherryvale Mall LLC</b> <b>PO Box 955607</b> <b>Cbl #0467</b> <b>Saint Louis, MO 63195-5607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,000.00</b>
<b>3.486</b> Nonpriority creditor's name and mailing address <b>Chic Virgin Hair Meets Lash Bo</b> <b>12809 Pine Tree Lane</b> <b>Fort Washington, MD 20744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.487 Nonpriority creditor's name and mailing address

**Chicago Backflow Inc**  
**12607 S Laramie Avenue**  
**Alsip, IL 60803**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.488 Nonpriority creditor's name and mailing address

**Chicago Brew Werks Inc**  
**14903 S Center St Unit 107**  
**Plainfield, IL 60544**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.489 Nonpriority creditor's name and mailing address

**Chicago Tribune**  
**PO Box 9001157**  
**Louisville, KY 40290-1157**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.490 Nonpriority creditor's name and mailing address

**Chicagos North Shore Conventio**  
**8001 Lincoln Ave Ste 715**  
**Skokie, IL 60077**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.491 Nonpriority creditor's name and mailing address

**Child Support Payment Center**  
**700 Governors Dr Ste 84**  
**Pierre, SD 57501**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.492 Nonpriority creditor's name and mailing address

**Childhood Leukemia Warriors Fo**  
**427 Gateshead Dr**  
**Naperville, IL 60565**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.493 Nonpriority creditor's name and mailing address

**Childrens Hospital Foundation**  
**111 Michigan Ave Nvu**  
**Washington, DC 20010-2970**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.494 Nonpriority creditor's name and mailing address

**Childrens Safe Harbor Inc**  
**1416 20th St**  
**Rockford, IL 61104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.495 Nonpriority creditor's name and mailing address

**Chris Koch**  
**1732 Whispering Pines Ct S W**  
**Cedar Rapids, IA 52404**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.496 Nonpriority creditor's name and mailing address

**Chris Miller**  
**6820 Gabella St #449**  
**Apple Valley, MN 55124**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.497 Nonpriority creditor's name and mailing address

**Christian and Associates Inc**  
**1500 Capital Blvd**  
**Raleigh, NC 27603**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.498 Nonpriority creditor's name and mailing address

**Christian Baker**  
**24519 Cedar Rd**  
**Cleveland, OH 44124**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.499 Nonpriority creditor's name and mailing address

**Christian Richardson**  
**14345 W 116th St 1716**  
**Olathe, KS 66062**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.500 Nonpriority creditor's name and mailing address

**Christian Romney**  
**3945 2nd St S**  
**Saint Cloud, MN 56301**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.501	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christina E Lueth</b>  <b>617 S 35th St Atp 3</b>  <b>Omaha, NE 68105</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.502	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christina Goss</b>  <b>16413 Governors Brid</b>  <b>Bowie, MD 20716</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.503	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christina Lammers</b>  <b>3604 46th St N</b>  <b>Fargo, ND 58102</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.504	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christine M Eleeson</b>  <b>7708 W 67th St</b>  <b>Sioux Falls, SD 57106</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.505	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christopher Erickson</b>  <b>608 Central Ave</b>  <b>Osseo, MN 55369</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.506	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christopher George</b>  <b>4400 Grazing Way</b>  <b>Upper Marlboro, MD 20772</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.507	<p>Nonpriority creditor's name and mailing address</p> <p><b>Christopher Matson</b>  <b>5906 No Tampico Dr</b>  <b>Peoria, IL 61614</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.508	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Phipps</b> <b>931 Oak St Apt 6</b> <b>Lincoln, NE 68521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.509	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Smith</b> <b>9408 S 55th Ave</b> <b>Oak Lawn, IL 60453</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.510	<b>Nonpriority creditor's name and mailing address</b> <b>Chsd 230 Carl Sandburg High Sc</b> <b>15100 S 94th Ave</b> <b>Orland Park, IL 60462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.511	<b>Nonpriority creditor's name and mailing address</b> <b>Chuck Gilbert</b> <b>6414 11th Ave South</b> <b>Richfield, MN 55423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.512	<b>Nonpriority creditor's name and mailing address</b> <b>Churchich Restaurant Equipment</b> <b>4520 S 79 Street</b> <b>Omaha, NE 68127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.513	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas</b> <b>PO Box 88005</b> <b>Chicago, IL 60680-1005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,048.24</b>
3.514	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corp #470 Slp</b> <b>PO Box 88005</b> <b>Chicago, IL 60680-1005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.515	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corp 2</b> <b>PO Box 636525</b> <b>Cincinnati, OH 45263</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,086.73</b>
3.516	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporatiion Loc 13</b> <b>PO Box 630910</b> <b>Cincinnati, OH 45263-0910</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.517	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation</b> <b>PO Box 630803</b> <b>Cincinnati, OH 45263-0803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.518	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation No 2</b> <b>PO Box 650838</b> <b>Dallas, TX 75265-0838</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,193.48</b>
3.519	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation No 2 Inc</b> <b>PO Box 631025</b> <b>Cincinnati, OH 45263-1025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.29</b>
3.520	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Dv</b> <b>PO Box 630921</b> <b>Cincinnati, OH 45263-0921</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,314.55</b>
3.521	<b>Nonpriority creditor's name and mailing address</b> <b>Circle Centre Mall LLC</b> <b>866980 Reliable Parkway</b> <b>Chicago, IL 60686-6900</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119,966.00</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.522	<p>Nonpriority creditor's name and mailing address  <b>Circle City Beverage Inc</b>  <b>950 Dorman Street</b>  <b>Indianapolis, IN 46202</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.523	<p>Nonpriority creditor's name and mailing address  <b>Citizens Energy Group</b>  <b>PO Box 7056</b>  <b>Indianapolis, IN 46207-7056</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.524	<p>Nonpriority creditor's name and mailing address  <b>Citrix Systems Inc</b>  <b>851 West Cypress Creek Rd</b>  <b>Fort Lauderdale, FL 33309</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.525	<p>Nonpriority creditor's name and mailing address  <b>City Beverage Arlington Hgts</b>  <b>1401 E Algonquin Rd</b>  <b>Arlington Heights, IL 60005</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.526	<p>Nonpriority creditor's name and mailing address  <b>City Fire Inc</b>  <b>5708 Sw 25th St</b>  <b>Hollywood, FL 33023</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.527	<p>Nonpriority creditor's name and mailing address  <b>City First Church</b>  <b>5950 Sprng Creek Road</b>  <b>Rockford, IL 61114</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.528	<p>Nonpriority creditor's name and mailing address  <b>City Of Bloomington</b>  <b>1800 W Old Shakopee Rd</b>  <b>Bloomington, MN 55431-3027</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,716.38</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.529	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Carmel</b>  <b>One Civic Square</b>  <b>Carmel, IN 46032</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.530	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Cedar Rapids</b>  <b>PO Box 2148</b>  <b>Cedar Rapids, IA 52406-2148</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.531	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Creve Coeur</b>  <b>300 N New Ballas Rd</b>  <b>Creve Coeur, MO 63141</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.532	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Davenport</b>  <b>226 W 4th St</b>  <b>Davenport, IA 52801</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.533	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Davenport</b>  <b>PO Box 8003</b>  <b>Davenport, IA 52808-1345</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,073.73</b>
3.534	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Detroit</b>  <b>3245 E Jefferson Ave Ste 100</b>  <b>Detroit, MI 48207</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.535	<p>Nonpriority creditor's name and mailing address</p> <p><b>City Of Detroit Bldgs Safety E</b>  <b>2 Woodward Ave 4th Fl Ste 412</b>  <b>Property Maintenance Division</b>  <b>Detroit, MI 48226</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.536	<p>Nonpriority creditor's name and mailing address  <b>City Of Detroit Property Tax</b>  <b>2 Woodward Ave Ste 154</b>  <b>Coleman A Young Minicipal Ctr</b>  <b>Detroit, MI 48226</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.537	<p>Nonpriority creditor's name and mailing address  <b>City Of Eagan</b>  <b>3830 Pilot Knob Road</b>  <b>Eagan, MN 55122-1897</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.538	<p>Nonpriority creditor's name and mailing address  <b>City Of East Peoria</b>  <b>401 W Washington Street</b>  <b>East Peoria, IL 61611</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.539	<p>Nonpriority creditor's name and mailing address  <b>City Of East Peoria</b>  <b>401 W Washington Street</b>  <b>East Peoria, IL 61611</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.540	<p>Nonpriority creditor's name and mailing address  <b>City Of Eden Prairie</b>  <b>8080 Mitchell Rd</b>  <b>Attn Jes Schrom Arts and Event</b>  <b>Eden Prairie, MN 55344</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.541	<p>Nonpriority creditor's name and mailing address  <b>City Of Ellsworth</b>  <b>1528 Dewitt St</b>  <b>Ellsworth, IA 50075</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.542	<p>Nonpriority creditor's name and mailing address  <b>City Of Fargo</b>  <b>200 3rd Street North</b>  <b>Fargo, ND 58102</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.543	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Fargo</b> <b>PO Box 1607</b> <b>Fargo, ND 58107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.544	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Fargo Utilities</b> <b>Fargo Water Dept</b> <b>PO Box 1066</b> <b>Fargo, ND 58107-1066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,362.12</b>
3.545	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Franklin</b> <b>PO Box 705</b> <b>109 3rd Ave S</b> <b>Franklin, TN 37065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.546	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Kansas City Missouri</b> <b>414 E 12th Street 1st Floor</b> <b>Kansas City, MO 64106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.547	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Kansas City Missouri</b> <b>Revenue Division</b> <b>PO Box 843825</b> <b>Kansas City, MO 64184-3825</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.548	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Lincoln</b> <b>Bureau Of Fire Prevention</b> <b>555 S 10th St Room 203</b> <b>Lincoln, NE 68508-3959</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.549	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Lincoln</b> <b>Alarm Registration Program</b> <b>555 S 10th Street Box 26</b> <b>Lincoln, NE 68508-2803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.550	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Maple Grove</b> <b>12800 Arbor Lakes Parkway</b> <b>Maple Grove, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.551	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Maple Grove</b> <b>PO Box 1180</b> <b>Maple Grove, MN 55311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.552	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Maple Grove Utilities</b> <b>12800 Arbor Lakes Pkwy N</b> <b>Attn Utility Billing</b> <b>Maple Grove, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.553	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Mishawaka</b> <b>City Hall</b> <b>600 East Thrid St</b> <b>Mishawaka, IN 46544</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.554	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Naperville</b> <b>400 S Eagle Street</b> <b>Naperville, IL 60540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,441.66</b>
3.555	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Northville</b> <b>215 W Cady St</b> <b>Northville, MI 48167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.556	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Olathe Water</b> <b>PO Box 2100</b> <b>Olathe, KS 66051-2100</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.557 Nonpriority creditor's name and mailing address

**City Of Omaha  
Rm H10  
1819 Farnam St  
Omaha, NE 68183**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.558 Nonpriority creditor's name and mailing address

**City Of Rockford  
425 E State St 7th Floor  
Rockford, IL 61104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.559 Nonpriority creditor's name and mailing address

**City Of Roseville  
2660 Civic Center Drive  
Roseville, MN 55113**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.560 Nonpriority creditor's name and mailing address

**City Of Sioux  
Falls City Attorneys Office  
224 West 9th St PO Box 7402  
Sioux Falls, SD 57117-7402**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.561 Nonpriority creditor's name and mailing address

**City Of Sioux Falls Health  
521 North Main Avenue  
Suite 101  
Sioux Falls, SD 57104-5963**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.562 Nonpriority creditor's name and mailing address

**City Of St Cloud  
400 2nd Street South  
Saint Cloud, MN 56301**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.563 Nonpriority creditor's name and mailing address

**City Of St Cloud Utilities  
PO Box 1501  
Saint Cloud, MN 56302-1501**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,763.18**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.564	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Troy</b> <b>PO Box 554754</b> <b>Detroit, MI 48255-4754</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.565	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Troy</b> <b>500 W Big Beaver</b> <b>Troy, MI 48084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,478.19</b>
3.566	<b>Nonpriority creditor's name and mailing address</b> <b>City Of Troy Water Department</b> <b>PO Box 554743</b> <b>Detroit, MI 48255-4743</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.567	<b>Nonpriority creditor's name and mailing address</b> <b>City Treasurer</b> <b>635 Woodland Ave</b> <b>Suite 2103</b> <b>Kansas City, MO 64106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.568	<b>Nonpriority creditor's name and mailing address</b> <b>City Utilities Fort Wayne</b> <b>PO Box 4632</b> <b>Carol Stream, IL 60197-4632</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,999.47</b>
3.569	<b>Nonpriority creditor's name and mailing address</b> <b>Citywide Window Svcs Inc</b> <b>PO Box 790</b> <b>Anoka, MN 55303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.570	<b>Nonpriority creditor's name and mailing address</b> <b>Cjis</b> <b>6776 Reisterstown Road Ste 102</b> <b>Baltimore, MD 21215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.571	<p>Nonpriority creditor's name and mailing address  <b>Clark County Collection Servic</b>  <b>8860 W Sunset Rd Ste 100</b>  <b>Las Vegas, NV 89148</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.572	<p>Nonpriority creditor's name and mailing address  <b>Classic Aire Care Inc</b>  <b>1276 N Warson</b>  <b>Saint Louis, MO 63132</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.573	<p>Nonpriority creditor's name and mailing address  <b>Classic Parking Inc</b>  <b>715 Sunrise Trail</b>  <b>Spring Branch, TX 78070</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.574	<p>Nonpriority creditor's name and mailing address  <b>Clay Township Regional</b>  <b>Waste Distc</b>  <b>PO Box 40638</b>  <b>Indianapolis, IN 46240-0638</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.575	<p>Nonpriority creditor's name and mailing address  <b>Clean Breeze LLC</b>  <b>11301 S Dixie Hwy #565776</b>  <b>Miami, FL 33256</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$80.25</b>
3.576	<p>Nonpriority creditor's name and mailing address  <b>Clean Des Moines Inc.</b>  <b>1450 NE 69th PI Ste 50</b>  <b>Ankeny, IA 50021</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$2,428.90</b>
3.577	<p>Nonpriority creditor's name and mailing address  <b>Clean Earth Environmental Svcs</b>  <b>5189 King Highway</b>  <b>Kalamazoo, MI 49048</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.578	<b>Nonpriority creditor's name and mailing address</b> <b>Clean Iowa Inc</b> <b>1450 Ne 69th Place Ste 50</b> <b>Ankeny, IA 50021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.579	<b>Nonpriority creditor's name and mailing address</b> <b>Clearn Heading</b> <b>3410 Brinkley Rd Apt 201</b> <b>Temple Hills, MD 20748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.580	<b>Nonpriority creditor's name and mailing address</b> <b>Clerk Of Hamilton County</b> <b>1 Hamilton County Square #106</b> <b>Noblesville, IN 46060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.581	<b>Nonpriority creditor's name and mailing address</b> <b>Clerk Of The Circuit Court</b> <b>14735 Main Street</b> <b>Upper Marlboro, MD 20772</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.582	<b>Nonpriority creditor's name and mailing address</b> <b>Cleveland Jewish News</b> <b>23880 Commerce Park</b> <b>Suite 1</b> <b>Beachwood, OH 44122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.583	<b>Nonpriority creditor's name and mailing address</b> <b>Cleveland Municipal Court</b> <b>1200 Ontario St</b> <b>Cleveland, OH 44113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.584	<b>Nonpriority creditor's name and mailing address</b> <b>Clifton Larson Allen LLP</b> <b>220 S 6th St Ste 300</b> <b>Minneapolis, MN 55402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.585	<b>Nonpriority creditor's name and mailing address</b> <b>Clive Chamber Of Commerce</b> <b>1900 Nw 114th St</b> <b>Clive, IA 50325</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.586	<b>Nonpriority creditor's name and mailing address</b> <b>Clive Lions Club</b> <b>2085 Nw 149th Street</b> <b>Clive, IA 50325</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.587	<b>Nonpriority creditor's name and mailing address</b> <b>Clive Water Dept</b> <b>1900 Nw 114th St</b> <b>Clive, IA 50325-7077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,018.94</b>
3.588	<b>Nonpriority creditor's name and mailing address</b> <b>Clocknine</b> <b>1006 W Lake St</b> <b>#125</b> <b>Minneapolis, MN 55408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.589	<b>Nonpriority creditor's name and mailing address</b> <b>Clyde Bryant</b> <b>8606 Wood Violet Way</b> <b>Madison, WI 53717</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.590	<b>Nonpriority creditor's name and mailing address</b> <b>Cnty Fire Protection Inc</b> <b>PO Box 1651</b> <b>Stow, OH 44224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.591	<b>Nonpriority creditor's name and mailing address</b> <b>Coastal Sunbelt Produce LLC</b> <b>PO Box 62860</b> <b>Baltimore, MD 21264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,734.26</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.592	<b>Nonpriority creditor's name and mailing address</b> <b>Cocacola Bottling Co</b> <b>PO Box 602937</b> <b>Charlotte, NC 28250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$507.60</b>
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3.593	<b>Nonpriority creditor's name and mailing address</b> <b>Cocacola National</b> <b>PO Box 102703</b> <b>Atlanta, GA 30368</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,560.65</b>
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3.594	<b>Nonpriority creditor's name and mailing address</b> <b>Cocacola Refreshments In</b> <b>PO Box 602937</b> <b>Charlotte, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.595	<b>Nonpriority creditor's name and mailing address</b> <b>Coe College</b> <b>1220 First Avenue Ne</b> <b>Cedar Rapids, IA 52402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.596	<b>Nonpriority creditor's name and mailing address</b> <b>Cokers Repair Inc</b> <b>3709 N Atlantic Ave</b> <b>Peoria Heights, IL 61616</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$203.55</b>
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3.597	<b>Nonpriority creditor's name and mailing address</b> <b>Colin Lawson</b> <b>9888 E Basser Drive Apt I107</b> <b>Denver, CO 80231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.598	<b>Nonpriority creditor's name and mailing address</b> <b>Collection Services Center</b> <b>PO Box 9125</b> <b>Des Moines, IA 50306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.599 Nonpriority creditor's name and mailing address

**College City Beverage Inc**  
**700 Railway St S**  
**Dundas, MN 55019**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.600 Nonpriority creditor's name and mailing address

**College Possible Inc**  
**540 Fairview Ave N Ste 304**  
**Saint Paul, MN 55104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.601 Nonpriority creditor's name and mailing address

**College Publications Inc**  
**PO Box 845**  
**Marshall's Creek, PA 18335**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.602 Nonpriority creditor's name and mailing address

**Collideoscope LLC**  
**2123 Mauldin St Nw**  
**Atlanta, GA 30318**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.603 Nonpriority creditor's name and mailing address

**Collins Electrical**  
**Construction Co Inc**  
**278 State Street**  
**Saint Paul, MN 55107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.604 Nonpriority creditor's name and mailing address

**Collins Mechanical Svcs**  
**9290 Bay View Place**  
**Nanjemoy, MD 20662**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$3,536.19**

3.605 Nonpriority creditor's name and mailing address

**Coloma Frozen Foods Inc**  
**4145 Coloma Road**  
**Coloma, MI 49038**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.606	<p>Nonpriority creditor's name and mailing address</p> <p><b>Coltrin and Associates Inc</b>  <b>801 Floral Vale Blvd</b>  <b>Yardley, PA 19067</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.607	<p>Nonpriority creditor's name and mailing address</p> <p><b>Columbia Gas Of Ohio</b>  <b>PO Box 742510</b>  <b>Cincinnati, OH 45274-2510</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$2,452.82</b>
3.608	<p>Nonpriority creditor's name and mailing address</p> <p><b>Comcast</b>  <b>PO Box 37601</b>  <b>Philadelphia, PA 19101-0601</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.609	<p>Nonpriority creditor's name and mailing address</p> <p><b>Comcast</b>  <b>PO Box 70219</b>  <b>Philadelphia, PA 19176-0219</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$610.36</b>
3.610	<p>Nonpriority creditor's name and mailing address</p> <p><b>Comcast Cable</b>  <b>PO Box 7500</b>  <b>Southeastern, PA 19398-7500</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.611	<p>Nonpriority creditor's name and mailing address</p> <p><b>Comcast Corporate</b>  <b>PO Box 3001</b>  <b>Southeastern, PA 19398-3001</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.612	<p>Nonpriority creditor's name and mailing address</p> <p><b>Comcast Corporation</b>  <b>PO Box 17211</b>  <b>Charlotte, NC 28272</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.613	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Holdings Corporation</b> <b>PO Box 35170</b> <b>Seattle, WA 98124-5170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$889.67</b>
3.614	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Maple Grove</b> <b>PO Box 34744</b> <b>Seattle, WA 98124-1744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.615	<b>Nonpriority creditor's name and mailing address</b> <b>Comdata Inc</b> <b>PO Box 500544</b> <b>Saint Louis, MO 63150-0544</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.616	<b>Nonpriority creditor's name and mailing address</b> <b>Comed</b> <b>PO Box 6111</b> <b>Carol Stream, IL 60197-6111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,225.28</b>
3.617	<b>Nonpriority creditor's name and mailing address</b> <b>Comfort Systems Usa Indiana LL</b> <b>2701 Fortune Cir E</b> <b>Ste F</b> <b>Indianapolis, IN 46241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.618	<b>Nonpriority creditor's name and mailing address</b> <b>Command Commercial Service and</b> <b>PO Box 10648</b> <b>Saint Paul, MN 55110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.619	<b>Nonpriority creditor's name and mailing address</b> <b>Commercial Cares Inc</b> <b>16601 Sw 49 St</b> <b>Fort Lauderdale, FL 33331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.620	<p>Nonpriority creditor's name and mailing address  <b>Commercial Gaskets Unlimited  Of Minneapolis  2637 27th Ave S Ste 3  Minneapolis, MN 55406</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.621	<p>Nonpriority creditor's name and mailing address  <b>Commercial Kitchen Svcs Inc  808 Hanley Industrial Ct  Saint Louis, MO 63144</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$2,338.21</b>
3.622	<p>Nonpriority creditor's name and mailing address  <b>Commercial Microwave Service L  2307 Friendship Drive  Lebanon, TN 37087</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.623	<p>Nonpriority creditor's name and mailing address  <b>Commercial Pumping Svcs LLC  PO Box 429  Saint Charles, MO 63302</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.624	<p>Nonpriority creditor's name and mailing address  <b>Commercial Service Innovation  PO Box 271  Bondurant, IA 50035</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.625	<p>Nonpriority creditor's name and mailing address  <b>Commercial Sewer Cleaning  5838 South Harding Street  Indianapolis, IN 46217</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.626	<p>Nonpriority creditor's name and mailing address  <b>Commerical Plumbing and Heatin  24428 Greenway Ave  Forest Lake, MN 55025</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.627 Nonpriority creditor's name and mailing address

**Commonwealth Of Pennsylvania  
PO Box 783473  
Philadelphia, PA 19179-3473**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.628 Nonpriority creditor's name and mailing address

**Community Occupational Medicin  
22818 Old Us 20  
Elkhart, IN 46516**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.629 Nonpriority creditor's name and mailing address

**Como Friends  
1225 Estabrook Dr  
Saint Paul, MN 55103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.630 Nonpriority creditor's name and mailing address

**Complete Building Maintenance  
702 E Western Ave  
Lombard, IL 60148**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.631 Nonpriority creditor's name and mailing address

**Complete Refrigeration LLC  
9970 Old Airport Hwy  
Monclova, OH 43542**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.632 Nonpriority creditor's name and mailing address

**Complete Solutions and Sourcin  
PO Box 461  
Montrose, NY 10548**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,694.57**

3.633 Nonpriority creditor's name and mailing address

**Comptroller Of Maryland  
Revenue Administration Div  
PO Box 2999  
Annapolis, MD 21404-2999**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.634 Nonpriority creditor's name and mailing address

**Comptroller Of Public Accounts  
PO Box 12019  
Austin, TX 78711-2019**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.635 Nonpriority creditor's name and mailing address

**Compudyne Inc  
1524 E 37th St  
Hibbing, MN 55746**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.636 Nonpriority creditor's name and mailing address

**Confluence Brewing Company  
1235 Thomas Beck Rd Ste A  
Des Moines, IA 50315**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.637 Nonpriority creditor's name and mailing address

**Connor P Fritz  
29470 John Hauk  
Garden City, MI 48135**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.638 Nonpriority creditor's name and mailing address

**Consolidated High School Dist  
13300 S Lagrange Road  
Orland Park, IL 60462**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.639 Nonpriority creditor's name and mailing address

**Constant Contact Inc  
1601 Trapelo Rd  
Third Floor  
Waltham, MA 02451**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.640 Nonpriority creditor's name and mailing address

**Constellation Newenergy Inc  
PO Box 4640  
Carol Stream, IL 60197-4640**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.641	<p>Nonpriority creditor's name and mailing address</p> <p><b>Consumers Energy</b>  <b>PO Box 740309</b>  <b>Cincinnati, OH 45274-0309</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$9,348.13</b>
3.642	<p>Nonpriority creditor's name and mailing address</p> <p><b>Continental Maintenance Contra</b>  <b>8220 Brentwood Industrial Dr</b>  <b>Saint Louis, MO 63144</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$110.00</b>
3.643	<p>Nonpriority creditor's name and mailing address</p> <p><b>Contractors Bonding and Insura</b>  <b>PO Box 801742</b>  <b>Kansas City, MO 64180</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.644	<p>Nonpriority creditor's name and mailing address</p> <p><b>Controller Of Maryland</b>  <b>Unclaimed Property Unit</b>  <b>301 W Preston Street Room 310</b>  <b>Baltimore, MD 21201-2383</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.645	<p>Nonpriority creditor's name and mailing address</p> <p><b>Controlscan Inc</b>  <b>Fifth Third Wholesale Lockbox</b>  <b>639378</b>  <b>Cincinnati, OH 45263-9378</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.646	<p>Nonpriority creditor's name and mailing address</p> <p><b>Convention Components Inc</b>  <b>580 Brownstone St</b>  <b>Holland, MI 49423</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.647	<p>Nonpriority creditor's name and mailing address</p> <p><b>Cook County Dept Of Revenue</b>  <b>25831 Network Place</b>  <b>C/O Environmental Contorl</b>  <b>Chicago, IL 60673-1258</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.648 Nonpriority creditor's name and mailing address

**Cook Healthy Eat Fresh Inc C H**  
**145 Fleet St #179**  
**Oxon Hill, MD 20745**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.649 Nonpriority creditor's name and mailing address

**Cool Springs Kitchen Mgmt LLC**  
**910 Riverview Drive**  
**Franklin, TN 37064**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$320.00**

3.650 Nonpriority creditor's name and mailing address

**Coordinated Systems & Sup Inc**  
**PO Box 58**  
**Wichita, KS 67201**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.651 Nonpriority creditor's name and mailing address

**Copper Cottage**  
**4105 N Lewis Ave**  
**Sioux Falls, SD 57104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,687.61**

3.652 Nonpriority creditor's name and mailing address

**Corey Birkey**  
**522 Center St**  
**Barnum, IA 50518**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.653 Nonpriority creditor's name and mailing address

**Cornelia De Large Syndrome Fou**  
**302 W Main St #100**  
**Avon, CT 06001**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.654 Nonpriority creditor's name and mailing address

**Cornhusker Custom Construction**  
**4002 Pacific St**  
**Omaha, NE 68105**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.655	<b>Nonpriority creditor's name and mailing address</b> <b>Corporations Division</b> <b>PO Box 30702</b> <b>Lansing, MI 48909</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.656	<b>Nonpriority creditor's name and mailing address</b> <b>Corrin Berglund</b> <b>3600 American Blvd W</b> <b>Bloomington, MN 55431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.657	<b>Nonpriority creditor's name and mailing address</b> <b>Cory Cid</b> <b>1939 Opal Drive</b> <b>Aurora, IL 60506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.658	<b>Nonpriority creditor's name and mailing address</b> <b>Costello School Parent Teacher Organization</b> <b>1333 Hamman Drive</b> <b>Troy, MI 48085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.659	<b>Nonpriority creditor's name and mailing address</b> <b>Cougar Athletic Club</b> <b>5050 Mallory Lane</b> <b>Franklin, TN 37067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.660	<b>Nonpriority creditor's name and mailing address</b> <b>Counseling and Family Services</b> <b>330 Sw Washington St</b> <b>Peoria, IL 61602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.661	<b>Nonpriority creditor's name and mailing address</b> <b>County Court Of Douglas County</b> <b>Civil small Claims</b> <b>1819 Farnam</b> <b>Omaha, NE 68183</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.662	<b>Nonpriority creditor's name and mailing address</b> <b>County Fire Protection Inc</b> <b>4620 Crystal Parkway</b> <b>Kent, OH 44240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.663	<b>Nonpriority creditor's name and mailing address</b> <b>County Of Hennepin</b> <b>Independent School Dist #279</b> <b>11200 93rd Avenue North</b> <b>Maple Grove, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.664	<b>Nonpriority creditor's name and mailing address</b> <b>Courtney Barber</b> <b>6933 Wexford Hill Ln</b> <b>Holland, OH 43528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.665	<b>Nonpriority creditor's name and mailing address</b> <b>Courtney Dechaine</b> <b>140 21st Ave N</b> <b>Saint Cloud, MN 56303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.666	<b>Nonpriority creditor's name and mailing address</b> <b>Courtney Eastman</b> <b>2037 N 153rd Ave</b> <b>Omaha, NE 68116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.667	<b>Nonpriority creditor's name and mailing address</b> <b>Courtney N Smith</b> <b>1129 S Sherman Dr</b> <b>Indianapolis, IN 46203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.668	<b>Nonpriority creditor's name and mailing address</b> <b>Cowern Parent Teacher Group</b> <b>2131 Margaret St</b> <b>North Saint Paul, MN 55109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.669	<b>Nonpriority creditor's name and mailing address</b> <b>Cox Communications</b> <b>PO Box 248871</b> <b>Oklahoma City, OK 73124-8871</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.670	<b>Nonpriority creditor's name and mailing address</b> <b>Cozzini Bros Inc</b> <b>350 Howard Avenue</b> <b>Des Plaines, IL 60018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,912.94</b>
3.671	<b>Nonpriority creditor's name and mailing address</b> <b>Craig Ahmann</b> <b>5831 55th Ave S</b> <b>Fargo, ND 58104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.672	<b>Nonpriority creditor's name and mailing address</b> <b>Craig Miller</b> <b>19101 Mystic Pointe Dr #1501</b> <b>Aventura, FL 33180</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.673	<b>Nonpriority creditor's name and mailing address</b> <b>Craig Wyttenbach</b> <b>8868 Sunstone Ln</b> <b>Middleton, WI 53562</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.674	<b>Nonpriority creditor's name and mailing address</b> <b>Crawford Co</b> <b>1306 Mill Street</b> <b>Rock Island, IL 61201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.675	<b>Nonpriority creditor's name and mailing address</b> <b>Crci Inc</b> <b>7456 Washington Ave South</b> <b>Eden Prairie, MN 55344</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.676	<p>Nonpriority creditor's name and mailing address  <b>Creative Publishing Solutions</b>  <b>1877 West 4000 South</b>  <b>Roy, UT 84067</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.677	<p>Nonpriority creditor's name and mailing address  <b>Credence Resource Management L</b>  <b>PO Box 2268</b>  <b>Southgate, MI 48195-4268</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.678	<p>Nonpriority creditor's name and mailing address  <b>Creekside Hearth Patio and Bbq</b>  <b>515 S Main St</b>  <b>Almont, MI 48003</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.679	<p>Nonpriority creditor's name and mailing address  <b>Cretelift LLC</b>  <b>1925 W Millbrook Rd</b>  <b>Mount Pleasant, MI 48858</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.680	<p>Nonpriority creditor's name and mailing address  <b>Creve Coeur Cham Of Commerce</b>  <b>10950 Olive Blvd</b>  <b>Creve Coeur, MO 63141</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.681	<p>Nonpriority creditor's name and mailing address  <b>Cribbs Landscaping Inc</b>  <b>PO Box 901</b>  <b>Bettendorf, IA 52722-0016</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.682	<p>Nonpriority creditor's name and mailing address  <b>Cristino Gavarrete</b>  <b>15515 Sw 172nd Ter</b>  <b>Miami, FL 33187</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.683	<p>Nonpriority creditor's name and mailing address</p> <p><b>Crunchtime! Information Systems Inc</b>  <b>129 Portland Street</b>  <b>Boston, MA 02114</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.684	<p>Nonpriority creditor's name and mailing address</p> <p><b>Crystal Welding Inc</b>  <b>17601 113th Ave N</b>  <b>Maple Grove, MN 55369</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.685	<p>Nonpriority creditor's name and mailing address</p> <p><b>Culligan Water Cond</b>  <b>7165 Boone Ave N</b>  <b>Brooklyn Park, MN 55428</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.686	<p>Nonpriority creditor's name and mailing address</p> <p><b>Culligan Water Cond</b>  <b>PO Box 77043</b>  <b>Dept 8799</b>  <b>Minneapolis, MN 55480-7743</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$227.69</b>
3.687	<p>Nonpriority creditor's name and mailing address</p> <p><b>Culligan Water Cond</b>  <b>1510 W 51st St</b>  <b>Sioux Falls, SD 57105</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.688	<p>Nonpriority creditor's name and mailing address</p> <p><b>Cumulus Radio Corp</b>  <b>3650 Momentum Place</b>  <b>Chicago, IL 60689-5336</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.689	<p>Nonpriority creditor's name and mailing address</p> <p><b>Cumulus Radio Corp</b>  <b>3637 Momentum Place</b>  <b>Chicago, IL 60689-5336</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.690	<b>Nonpriority creditor's name and mailing address</b> <b>Curts Lock&amp; Key</b> <b>1102 Main Ave</b> <b>Fargo, ND 58103-1755</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.691	<b>Nonpriority creditor's name and mailing address</b> <b>Custom Tree Movers LLC</b> <b>3815 E Sheperd St</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,139.56</b>
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3.692	<b>Nonpriority creditor's name and mailing address</b> <b>Cuttin It Close</b> <b>317 Hancock</b> <b>Peoria, IL 61603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.693	<b>Nonpriority creditor's name and mailing address</b> <b>Cuyahoga Cnty Board Of Health</b> <b>5550 Venture Dr</b> <b>Parma, OH 44130</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.694	<b>Nonpriority creditor's name and mailing address</b> <b>Cvb Inc</b> <b>2602 Pear Street</b> <b>PO Box 3060</b> <b>Saint Joseph, MO 64503-0060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.12</b>
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3.695	<b>Nonpriority creditor's name and mailing address</b> <b>Cynmar Corp</b> <b>86475 Gene Lasserre Blvd</b> <b>Yulee, FL 32097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.696	<b>Nonpriority creditor's name and mailing address</b> <b>Cypress Media LLC</b> <b>1729 Grand Blvd</b> <b>Kansas City, MO 64108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.697	<b>Nonpriority creditor's name and mailing address</b> <b>D and D Signs LLC</b> <b>751 N 114th St</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$162.46</b>
3.698	<b>Nonpriority creditor's name and mailing address</b> <b>D and M Enterprises Lip</b> <b>1616 Spoonbill Lane Unit B</b> <b>Naples, FL 34105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.699	<b>Nonpriority creditor's name and mailing address</b> <b>Dacotah Paper Co Inc</b> <b>3940 15th Ave N</b> <b>Fargo, ND 58102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.700	<b>Nonpriority creditor's name and mailing address</b> <b>Dahlheimer Distrib</b> <b>PO Box 336</b> <b>Monticello, MN 55362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$138.50</b>
3.701	<b>Nonpriority creditor's name and mailing address</b> <b>Dakota Beverage</b> <b>4532 North Cliff Ave</b> <b>Sioux Falls, SD 57104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.702	<b>Nonpriority creditor's name and mailing address</b> <b>Dakota Burke Inc</b> <b>625 S Washington St</b> <b>Alexandria, VA 22314</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$242.60</b>
3.703	<b>Nonpriority creditor's name and mailing address</b> <b>Dakota Cnty Regional</b> <b>Cham Of Commerce</b> <b>3352 Sherman Ct Dtr 201</b> <b>Eagan, MN 55121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.704 Nonpriority creditor's name and mailing address

**Dakota County Treasurer  
14955 Galaxie Ave  
Attn Kaylene Retka  
Apple Valley, MN 55124**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$30,644.03**

3.705 Nonpriority creditor's name and mailing address

**Dakota Electric  
PO Box 64427  
Saint Paul, MN 55164-0427**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$3,905.85**

3.706 Nonpriority creditor's name and mailing address

**Dakota Entertainment LLC  
27119 Sd Hwy 115  
Harrisburg, SD 57032**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.707 Nonpriority creditor's name and mailing address

**Dakota Flame Defense LLC  
4472 159th Avenue Se  
Davenport, ND 58021**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.708 Nonpriority creditor's name and mailing address

**Dakota Gasket LLC  
PO Box 163  
West Fargo, ND 58078**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,172.02**

3.709 Nonpriority creditor's name and mailing address

**Dakota Refrigeration Inc  
4322 15th Ave N  
Fargo, ND 58102**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,099.47**

3.710 Nonpriority creditor's name and mailing address

**Dakota Wine Merchants  
PO Box 10136  
Fargo, ND 58106**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.711	<p>Nonpriority creditor's name and mailing address  <b>Dale R Schaub</b>  <b>PO Box 71103</b>  <b>Rochester, MI 48307</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.712	<p>Nonpriority creditor's name and mailing address  <b>Dalmatian Fire Equipment Ltd</b>  <b>531 Monroe Street</b>  <b>Dolton, IL 60419-1134</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,213.30</b>
3.713	<p>Nonpriority creditor's name and mailing address  <b>Damien D Harris</b>  <b>2513 Jameson Street</b>  <b>Temple Hills, MD 20748</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.714	<p>Nonpriority creditor's name and mailing address  <b>Dan Dygert</b>  <b>12930 Dellinger Drive</b>  <b>Fishers, IN 46038</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.715	<p>Nonpriority creditor's name and mailing address  <b>Dana Lipsky</b>  <b>126 N London Ave</b>  <b>Rockford, IL 61107</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.716	<p>Nonpriority creditor's name and mailing address  <b>Dance Expressions LLC</b>  <b>27421 Harper</b>  <b>Saint Clair Shores, MI 48081</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.717	<p>Nonpriority creditor's name and mailing address  <b>Daniel G Race</b>  <b>920 Tecumseh Ave</b>  <b>Hammond, IN 46327-3138</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.718	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel J Fowler</b> <b>404 N Western Ave</b> <b>Peoria, IL 61606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.719	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Sederstrom</b> <b>11450 Albavar Path</b> <b>Inver Grove Heights, MN 55077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.720	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Sothmann</b> <b>1223 Main Ave</b> <b>Cordova, IL 61242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.721	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Villarreal</b> <b>5430 Midvale Dr #4</b> <b>Rockford, IL 61108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.722	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Vincent Burgess</b> <b>1724-A Fayette Walk</b> <b>Hoffman Estates, IL 60169-6849</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
3.723	<b>Nonpriority creditor's name and mailing address</b> <b>Danielle Burciaga</b> <b>1426 Heritage Dr</b> <b>Canton, MI 48188</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.724	<b>Nonpriority creditor's name and mailing address</b> <b>Danielle Dell</b> <b>8801 Grace</b> <b>Shelby Township, MI 48317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.725 Nonpriority creditor's name and mailing address

**Danielle Lonczkowski**  
**699 W Big Beaver Rd**  
**Troy, MI 48084**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.726 Nonpriority creditor's name and mailing address

**Danielle M Black**  
**167 Rossmor Court**  
**Pittsburgh, PA 15229**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.727 Nonpriority creditor's name and mailing address

**Danielle Smith**  
**1306 Rice St**  
**Saint Paul, MN 55117**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.728 Nonpriority creditor's name and mailing address

**Danielson Enterprises Inc**  
**751 N 114th St**  
**Omaha, NE 68154-1515**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.729 Nonpriority creditor's name and mailing address

**Dannie R Spradlin Jr**  
**4323 Herdmans Circle**  
**Maumee, OH 43537**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.730 Nonpriority creditor's name and mailing address

**Daria K Seaton**  
**5429 13th St Nw**  
**Washington, DC 20011**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.731 Nonpriority creditor's name and mailing address

**Darling Ingredients Inc**  
**PO Box 552210**  
**Detroit, MI 48255-2210**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$931.00**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.732 Nonpriority creditor's name and mailing address

**Darling Intl Inc Cc**  
**PO Box 552210**  
**Detroit, MI 48255-2210**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.733 Nonpriority creditor's name and mailing address

**Darrell K Barney**  
**7803 Nw 114th Path**  
**Medley, FL 33178**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.734 Nonpriority creditor's name and mailing address

**Dave Hudson**  
**813 N. Linden St.**  
**Northfield, MN 55057**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.735 Nonpriority creditor's name and mailing address

**Daveyon Wilkinson**  
**4253 Crane**  
**Detroit, MI 48214**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.736 Nonpriority creditor's name and mailing address

**David Hill**  
**1214 Glenhaven**  
**Baltimore, MD 21239**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.737 Nonpriority creditor's name and mailing address

**David Kirkland**  
**7140 Harrison Ave Ste 108**  
**C/O Granite City**  
**Rockford, IL 61112**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.738 Nonpriority creditor's name and mailing address

**David Lewandowski**  
**1601 Eagles Crest Avenue #B1**  
**Davenport, IA 52804**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.739 Nonpriority creditor's name and mailing address

**David Long and Assoc Inc**  
**312 Crowatan Rd**  
**Castle Hayne, NC 28429**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$379.06**

3.740 Nonpriority creditor's name and mailing address

**David Mosow**  
**109 Duluth Avenue**  
**Nashville, TN 37209**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$194.34**

3.741 Nonpriority creditor's name and mailing address

**David Sprague**  
**1500 N 132nd Terr**  
**Kansas City, KS 66109**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.742 Nonpriority creditor's name and mailing address

**David Stiving**  
**3034 Frampton Dr Apt 4**  
**Toledo, OH 43614**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.743 Nonpriority creditor's name and mailing address

**David Thompson**  
**1100 Annie Dr**  
**Winterset, IA 50273**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.744 Nonpriority creditor's name and mailing address

**David William Sabers**  
**100 East State Street**  
**Monroe, SD 57047**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.745 Nonpriority creditor's name and mailing address

**Davis Brown Koehn Shors and Ro**  
**215 10th St Ste 1300**  
**Des Moines, IA 50309-3993**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.746 Nonpriority creditor's name and mailing address

**Dawn C Wilson  
202 Louise  
Highland Park, MI 48203**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.747 Nonpriority creditor's name and mailing address

**Dawn Regan  
2726 Allington Road  
Saint Clair, MI 48079**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.748 Nonpriority creditor's name and mailing address

**Daymark Safety Systems  
12836 South Dixie Highway  
Bowling Green, OH 43402**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.749 Nonpriority creditor's name and mailing address

**Dc Child Support Clearinghouse  
PO Box 37868  
Washington, DC 20013**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.750 Nonpriority creditor's name and mailing address

**Dc Treasurer  
Unclaimed Property Unit  
1101 4th Street Sw Ste 800w  
Washington, DC 20024**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.751 Nonpriority creditor's name and mailing address

**Ddm Landscape  
640 51st Street  
Marion, IA 52302**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$90.95**

3.752 Nonpriority creditor's name and mailing address

**Dean Foods Nc Inc  
PO Box 1450  
Nw 8318  
Minneapolis, MN 55485-8318**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,885.91**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.753	<b>Nonpriority creditor's name and mailing address</b> <b>Dean Nida &amp; Associates LLC</b> <b>445 South Shore Drive</b> <b>Sarasota, FL 34234</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.754	<b>Nonpriority creditor's name and mailing address</b> <b>Dean Nida and Associates LLC</b> <b>445 S Shore Dr</b> <b>Sarasota, FL 34234</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.755	<b>Nonpriority creditor's name and mailing address</b> <b>Debbie Mcmillan Barrett Clerk</b> <b>135 4th Ave S</b> <b>General Sessions Court</b> <b>Franklin, TN 37064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.756	<b>Nonpriority creditor's name and mailing address</b> <b>Declarks Landscaping Inc</b> <b>13800 33 Mile Rd</b> <b>Romeo, MI 48065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,785.00</b>
3.757	<b>Nonpriority creditor's name and mailing address</b> <b>Delonte E Duff</b> <b>4753 Summertime Dr</b> <b>Oxon Hill, MD 20745</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.758	<b>Nonpriority creditor's name and mailing address</b> <b>Delores A Elliot</b> <b>4321 N Linwood Ave</b> <b>Davenport, IA 52806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.759	<b>Nonpriority creditor's name and mailing address</b> <b>Deluxe Group Inc</b> <b>625 Bakers Bridge Ave Ste 105</b> <b>Franklin, TN 37067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.760	<b>Nonpriority creditor's name and mailing address</b> <b>Demos Fruit Fly Exterminators</b> <b>834 Sunrise Pl</b> <b>Roselle, IL 60172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.761	<b>Nonpriority creditor's name and mailing address</b> <b>Denise Cundell Day</b> <b>1411 W 58th Street</b> <b>Davenport, IA 52806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.762	<b>Nonpriority creditor's name and mailing address</b> <b>Denise Lenaghan</b> <b>2306 Heritage Dr</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.763	<b>Nonpriority creditor's name and mailing address</b> <b>Denison Parking Inc</b> <b>49 West Maryland St #138</b> <b>Indianapolis, IN 46204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.764	<b>Nonpriority creditor's name and mailing address</b> <b>Dennis D Garrigus</b> <b>1301 Heritage Road W</b> <b>Normal, IL 61761</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.765	<b>Nonpriority creditor's name and mailing address</b> <b>Dennis Ledbetter</b> <b>9517 49th Place</b> <b>College Park, MD 20740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.766	<b>Nonpriority creditor's name and mailing address</b> <b>Dennis MCGovern</b> <b>13868 Clare Downs Way</b> <b>Rosemount, MN 55068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.767	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dennys 5th Avenue Bakery</b>  <b>PO Box 856090</b>  <b>Minneapolis, MN 55485-6090</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,007.78</b>
3.768	<p>Nonpriority creditor's name and mailing address</p> <p><b>Department Of Public Utilities</b>  <b>Ohio Building</b>  <b>PO Box 10017</b>  <b>Toledo, OH 43699-0017</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.769	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dependable Building Maintenanc</b>  <b>4645 W 138th St</b>  <b>Crestwood, IL 60445</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,948.74</b>
3.770	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dept Of Assessments</b>  <b>And Taxation</b>  <b>PO Box 17052</b>  <b>Baltimore, MD 21297-1052</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.771	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dept Of Assessments &amp;</b>  <b>Taxation Gcnh</b>  <b>301 W Preston St Ch Div Rm 801</b>  <b>Baltimore, MD 21201</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.772	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dept Of Inspections Appeals</b>  <b>Lucas State Office Bldg</b>  <b>Food and Cons Sfty Bur</b>  <b>Des Moines, IA 50319</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.773	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dept Of Revenue</b>  <b>Special Tax Division</b>  <b>445 E Capitol Ave</b>  <b>Pierre, SD 57501-3100</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.774	<b>Nonpriority creditor's name and mailing address</b> <b>Dept Of Treasury</b> <b>PO Box 30149</b> <b>Collection Services Bureau</b> <b>Lansing, MI 48909</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.775	<b>Nonpriority creditor's name and mailing address</b> <b>Derek Schillinger</b> <b>PO Box 417</b> <b>Ulman, MO 65083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.776	<b>Nonpriority creditor's name and mailing address</b> <b>Des Moines A To Z Party Rental</b> <b>2250 Fuller Rd</b> <b>West Des Moines, IA 50265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.777	<b>Nonpriority creditor's name and mailing address</b> <b>Design Temperature Service Eng</b> <b>11026 Gravois Ind Ct</b> <b>Saint Louis, MO 63128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.778	<b>Nonpriority creditor's name and mailing address</b> <b>Designer Lawns LLC</b> <b>6631 Washington Ave</b> <b>Windsor Heights, IA 50324</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.779	<b>Nonpriority creditor's name and mailing address</b> <b>Desirae Coleman</b> <b>1705 W Fredonia Ave</b> <b>Peoria, IL 61606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.780	<b>Nonpriority creditor's name and mailing address</b> <b>Destination Travel Network</b> <b>7458 N La Cholla Blvd</b> <b>Suite 100</b> <b>Tucson, AZ 85741</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.781 Nonpriority creditor's name and mailing address

**Destination Whitehouse Inc**  
**6729 Providence St**  
**PO Box 257**  
**Whitehouse, OH 43571**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.782 Nonpriority creditor's name and mailing address

**Det Distrib Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.783 Nonpriority creditor's name and mailing address

**Detroit Industrial Cleaners In**  
**24681 Northwestern Hwy #400 H**  
**Southfield, MI 48075**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.784 Nonpriority creditor's name and mailing address

**Detroit Metro Convention &**  
**Visitors Bureau**  
**Dept 117701 PO Box 67000**  
**Detroit, MI 48267-1777**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.785 Nonpriority creditor's name and mailing address

**Deven G Smalley**  
**3410 Stonesboro Road**  
**Fort Washington, MD 20744**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.786 Nonpriority creditor's name and mailing address

**Devin Link**  
**1801 J Street Apt 306**  
**Lincoln, NE 68508**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.787 Nonpriority creditor's name and mailing address

**Devin Sipp**  
**1828 Abriter Ct**  
**Naperville, IL 60563**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.788 Nonpriority creditor's name and mailing address

**Devon Giesen**  
**4300 W Kathleen St**  
**Sioux Falls, SD 57107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.789 Nonpriority creditor's name and mailing address

**Dgva International Bakery LLC**  
**PO Box 223400**  
**Hollywood, FL 33022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$386.77**

3.790 Nonpriority creditor's name and mailing address

**Diane Hesson**  
**3534 Inverness Blvd**  
**Carmel, IN 46032**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.791 Nonpriority creditor's name and mailing address

**Dick Wagner Cutlery Service**  
**PO Box 327**  
**Richard Wagner**  
**Tower, MN 55790**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$60.99**

3.792 Nonpriority creditor's name and mailing address

**Dig It For Dave**  
**8056 Colley St**  
**Lincoln, NE 68505**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.793 Nonpriority creditor's name and mailing address

**Dinova Inc**  
**6455 East Johns Crossing**  
**Ste 220**  
**Johns Creek, GA 30097**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$80,164.52**

3.794 Nonpriority creditor's name and mailing address

**Direct Energy Business**  
**PO Box 660749**  
**Dallas, TX 75266**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.795	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Mechanical Inc</b> <b>711 Morse Ave</b> <b>Schaumburg, IL 60193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.796	<b>Nonpriority creditor's name and mailing address</b> <b>Director Alcohol and Gambling Enforcement</b> <b>444 Cedar St Suite 133</b> <b>Saint Paul, MN 55101-5133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.797	<b>Nonpriority creditor's name and mailing address</b> <b>Directv</b> <b>PO Box 105249</b> <b>Atlanta, GA 30348-5249</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.798	<b>Nonpriority creditor's name and mailing address</b> <b>Directv LLC</b> <b>PO Box 5006</b> <b>Carol Stream, IL 60197-5006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,249.19</b>
3.799	<b>Nonpriority creditor's name and mailing address</b> <b>Discount Waste and Recycling Inc</b> <b>PO Box 4066</b> <b>Alpharetta, GA 30023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.800	<b>Nonpriority creditor's name and mailing address</b> <b>Discover Tennessee Inc</b> <b>1115 Thorncrest Rd</b> <b>Nashville, TN 37211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.801	<b>Nonpriority creditor's name and mailing address</b> <b>Discoverlink Inc</b> <b>1525 Kautz Road Ste 700</b> <b>West Chicago, IL 60185</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.802	<b>Nonpriority creditor's name and mailing address</b> <b>Discovery Benefits Inc</b> <b>PO Box 9528</b> <b>Fargo, ND 58106-9528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,698.30</b>
3.803	<b>Nonpriority creditor's name and mailing address</b> <b>Diversifire Systems Inc</b> <b>13830 Nw 19th Avenue</b> <b>Opa Locka, FL 33054-4218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101.65</b>
3.804	<b>Nonpriority creditor's name and mailing address</b> <b>Dixon Fisheries Inc</b> <b>1807 N Main Street</b> <b>East Peoria, IL 61611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.805	<b>Nonpriority creditor's name and mailing address</b> <b>Djs Heating&amp; Air Conditioning</b> <b>6060 Labeaux Ave Ne</b> <b>Albertville, MN 55301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.806	<b>Nonpriority creditor's name and mailing address</b> <b>Doetsch Industrial Svcs Inc</b> <b>21221 Mullin Ave</b> <b>Warren, MI 48089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.807	<b>Nonpriority creditor's name and mailing address</b> <b>Dogs Forever Of Iowa</b> <b>809 Rockford Rd</b> <b>Cedar Rapids, IA 52404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.808	<b>Nonpriority creditor's name and mailing address</b> <b>Doll Distrib Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.809	<p>Nonpriority creditor's name and mailing address</p> <p><b>Dominion East Ohio</b>  <b>PO Box 26785</b>  <b>Richmond, VA 23261-6785</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.810	<p>Nonpriority creditor's name and mailing address</p> <p><b>Don Stegman</b>  <b>3313 68th Ave N</b>  <b>Brooklyn Center, MN 55429</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.811	<p>Nonpriority creditor's name and mailing address</p> <p><b>Don Wood Plumbing Co Inc</b>  <b>PO Box 680637</b>  <b>Franklin, TN 37068</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.812	<p>Nonpriority creditor's name and mailing address</p> <p><b>Donna Ann Cook</b>  <b>1440 Nw Vivion Rd</b>  <b>Kansas City, MO 64118</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.813	<p>Nonpriority creditor's name and mailing address</p> <p><b>Doodad Inc</b>  <b>6110 Irvington Rd</b>  <b>Omaha, NE 68134</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.814	<p>Nonpriority creditor's name and mailing address</p> <p><b>Door Closer Service Co Inc</b>  <b>2509 N Emerson Ave</b>  <b>Indianapolis, IN 46218</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.815	<p>Nonpriority creditor's name and mailing address</p> <p><b>Doria Brooks</b>  <b>200 American Way</b>  <b>Oxon Hill, MD 20745</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.816	<b>Nonpriority creditor's name and mailing address</b> <b>Doris Lane</b> <b>8320 Karl Ridge Rd</b> <b>Lincoln, NE 68506</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$380.00</b>
3.817	<b>Nonpriority creditor's name and mailing address</b> <b>Double H Paving Inc</b> <b>27275 Verhey Place</b> <b>Tea, SD 57064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.818	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Benz</b> <b>5934 Nw 90th Terr</b> <b>Kansas City, MO 64154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.819	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Johnson</b> <b>PO Box 90406</b> <b>Sioux Falls, SD 57109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$281,573.15</b>
3.820	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Lattih</b> <b>8362 Tamarack Village Ste 119</b> <b>Woodbury, MN 55125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
3.821	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Mccann</b> <b>5540 Wild Horse Dr</b> <b>Indianapolis, IN 46239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.822	<b>Nonpriority creditor's name and mailing address</b> <b>Douglas County Treasurer</b> <b>PO Box 2855</b> <b>Omaha, NE 68103-2855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.823 Nonpriority creditor's name and mailing address

**Douglas M Pyles**  
**603 Bay Front Dr**  
**Fort Washington, MD 20744**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.824 Nonpriority creditor's name and mailing address

**Douglas Ventures LLC**  
**PO Box 1604**  
**Maryland Heights, MO 63043**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.825 Nonpriority creditor's name and mailing address

**Dover Grease Traps**  
**16585 13 Mile Rd**  
**Fraser, MI 48026**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$250.00**

3.826 Nonpriority creditor's name and mailing address

**Down Syndrome Association Of**  
**Northeast Indiana Dsani**  
**PO Box 13611**  
**Fort Wayne, IN 46865**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.827 Nonpriority creditor's name and mailing address

**Down Syndrome Diagnosis Networ**  
**PO Box 140**  
**Stillwater, MN 55082**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.828 Nonpriority creditor's name and mailing address

**Down Syndrome Guild Of Greater**  
**5960 Dearborn**  
**Mission, KS 66202**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.829 Nonpriority creditor's name and mailing address

**Down Syndrome Indiana**  
**708 E Michigan Street**  
**Indianapolis, IN 46202**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.830 Nonpriority creditor's name and mailing address

**Down The Drain Services LLC**  
**PO Box 57151**  
**Des Moines, IA 50317**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.831 Nonpriority creditor's name and mailing address

**Downers Grove Chamber Of Comme**  
**2001 Butterfield Rd**  
**Downers Grove, IL 60515**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.832 Nonpriority creditor's name and mailing address

**Dp Mechanical Services LLC**  
**PO Box 39568**  
**Indianapolis, IN 46239**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.833 Nonpriority creditor's name and mailing address

**Dr Vinyl Om**  
**PO Box 460818**  
**Papillion, NE 68046**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.834 Nonpriority creditor's name and mailing address

**Draft Doctors LLC**  
**1885 New Hope Road**  
**Joelton, TN 37080**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.835 Nonpriority creditor's name and mailing address

**Drew Elliott Merten**  
**15765 Flackwood Trail**  
**Apple Valley, MN 55124**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.836 Nonpriority creditor's name and mailing address

**Drike Inc**  
**315 S Union St**  
**Mishawaka, IN 46544**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.837 Nonpriority creditor's name and mailing address

**Drury Development Corp**  
**13075 Manchester Rd Ste 200**  
**Attn Melinda Steamer Lease Adm**  
**Saint Louis, MO 63131**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.838 Nonpriority creditor's name and mailing address

**Drury Plaza Hotel Franklin**  
**Dept 0154**  
**1874 West Mcewen Drive**  
**Franklin, TN 37067**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.839 Nonpriority creditor's name and mailing address

**Ds Beverages Inc**  
**201 17th St N**  
**Moorhead, MN 56560**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.840 Nonpriority creditor's name and mailing address

**Dte Energy**  
**PO Box 740786**  
**Cincinnati, OH 45274-0786**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$6,644.83**

3.841 Nonpriority creditor's name and mailing address

**Duane Joseph Bible**  
**1742 Cottonwood Cir**  
**Saint Cloud, MN 56303**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.842 Nonpriority creditor's name and mailing address

**Duff and Phelps Holdings Inc**  
**55 E 52nd St 31st Fl**  
**New York, NY 10055**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.843 Nonpriority creditor's name and mailing address

**Duke Realty Limited Partnershi**  
**75 Remittance Dr Ste 3205**  
**Chicago, IL 60675-3205**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.844 Nonpriority creditor's name and mailing address

**Dumor Water Specialists Inc.**  
**4405 Wyland Drive**  
**Elkhart, IN 46516**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$139.06**

3.845 Nonpriority creditor's name and mailing address

**Dunbar Armored Service Inc**  
**PO Box 64115**  
**Baltimore, MD 21264-4115**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.846 Nonpriority creditor's name and mailing address

**Dunbar Mechanical Inc**  
**PO Box 352350**  
**Toledo, OH 43635-2350**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,655.05**

3.847 Nonpriority creditor's name and mailing address

**Dunbar Security Products Inc**  
**8525 Kelso Dr Ste L**  
**Baltimore, MD 21221**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$114.71**

3.848 Nonpriority creditor's name and mailing address

**Dupage Cnty Health Dept**  
**111 N County Farm Rd**  
**Wheaton, IL 60187**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.849 Nonpriority creditor's name and mailing address

**Dupage Convalescent Center Fou**  
**400 N County Farm Road**  
**Wheaton, IL 60187**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.850 Nonpriority creditor's name and mailing address

**Dupage Convention and Visitors**  
**915 Harger Rd Ste 120**  
**Oak Brook, IL 60523**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$450.00**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.851	<b>Nonpriority creditor's name and mailing address</b> <b>Dupage Pads Inc</b> <b>600 W Liberty</b> <b>Wheaton, IL 60187</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.852	<b>Nonpriority creditor's name and mailing address</b> <b>Dustin Weiss</b> <b>11092 Xylon Ave N</b> <b>Champlin, MN 55316</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.853	<b>Nonpriority creditor's name and mailing address</b> <b>Dwd-Ui</b> <b>Div Of Unemployment Insurance</b> <b>201 E Washington Ave</b> <b>Madison, WI 53703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.854	<b>Nonpriority creditor's name and mailing address</b> <b>Dynamic Mom Inc</b> <b>145 S Livernois #158</b> <b>Rochester, MI 48307</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.855	<b>Nonpriority creditor's name and mailing address</b> <b>Dynamite Brewing LLC</b> <b>5000 N River Rd</b> <b>Schiller Park, IL 60176</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.856	<b>Nonpriority creditor's name and mailing address</b> <b>E and J Tropical Awning Outlet</b> <b>17832 Sw 176th St</b> <b>Miami, FL 33187</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.857	<b>Nonpriority creditor's name and mailing address</b> <b>E Solutions LLC Judy Stangler</b> <b>1801 E 115th St</b> <b>Burnsville, MN 55337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.858	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Eagle Brands Sales Fintech</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.859	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Eagle Group Of Mn Veterans Inc</b>  <b>6500 Parnell Ave</b>  <b>Edina, MN 55435</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.860	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Earnest Brew Works LLC</b>  <b>4342 S Detroit Ave</b>  <b>Toledo, OH 43614</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.861	<p><b>Nonpriority creditor's name and mailing address</b>  <b>East Peoria Cham Of Commerce</b>  <b>201 Clock Tower Drive</b>  <b>East Peoria, IL 61611</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.862	<p><b>Nonpriority creditor's name and mailing address</b>  <b>East Peoria Water and Sewer De</b>  <b>401 W Washington</b>  <b>East Peoria, IL 61611</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.863	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Easter Seals Metropolitan</b>  <b>Chicago Inc.</b>  <b>1939 W 13th St</b>  <b>Chicago, IL 60608</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$250.00</b>
3.864	<p><b>Nonpriority creditor's name and mailing address</b>  <b>Easter Seals Northern Ohio</b>  <b>2173 N Ridge Road</b>  <b>Lorain, OH 44055</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.865 Nonpriority creditor's name and mailing address

**Eastown Distributors Company**  
**14400 Oakland Ave**  
**Highland Park, MI 48203**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.866 Nonpriority creditor's name and mailing address

**Ecm Publishers Inc**  
**4095 Coon Rapids Blvd Nw**  
**Minneapolis, MN 55433-2523**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.867 Nonpriority creditor's name and mailing address

**Ecolab Food Safety Specialties**  
**24198 Network Place**  
**Chicago, IL 60673-1241**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,655.08**

3.868 Nonpriority creditor's name and mailing address

**Ecolab Inc**  
**26397 Network Place**  
**Chicago, IL 60673-1263**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$14,976.48**

3.869 Nonpriority creditor's name and mailing address

**Ecolab Inc**  
**PO Box 70343**  
**Chicago, IL 60673-0343**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$28,425.04**

3.870 Nonpriority creditor's name and mailing address

**Ecolab Pest Elim Div**  
**26252 Network Place**  
**Chicago, IL 60673-1262**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$890.52**

3.871 Nonpriority creditor's name and mailing address

**Ecolabgcs**  
**24673 Network Place**  
**Chicago, IL 60673-1246**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.872	<b>Nonpriority creditor's name and mailing address</b> <b>Ecoroq</b> <b>14 Sunridge Drive</b> <b>Coraopolis, PA 15108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214.00</b>
3.873	<b>Nonpriority creditor's name and mailing address</b> <b>Ecosure</b> <b>655 Lone Oak Drive</b> <b>Bldg D</b> <b>Saint Paul, MN 55121-1652</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.874	<b>Nonpriority creditor's name and mailing address</b> <b>Educated Mommy Inc</b> <b>207 W 37th St</b> <b>Sioux Falls, SD 57105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.875	<b>Nonpriority creditor's name and mailing address</b> <b>Edward Don &amp; Co</b> <b>2562 Paysphere Circle</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$179,084.48</b>
3.876	<b>Nonpriority creditor's name and mailing address</b> <b>Edward J White Inc</b> <b>1011 South Michigan Street</b> <b>South Bend, IN 46601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.877	<b>Nonpriority creditor's name and mailing address</b> <b>Edward Pickens</b> <b>3945 2nd St</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.878	<b>Nonpriority creditor's name and mailing address</b> <b>Eec Acquisition LLC</b> <b>PO Box 74008980</b> <b>Chicago, IL 60674-8980</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,609.12</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.879 Nonpriority creditor's name and mailing address

**Efax Corporate**  
**PO Box 51873**  
**Los Angeles, CA 90051-6173**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.880 Nonpriority creditor's name and mailing address

**Eileen Rech**  
**5721 Meadowood Drive**  
**Madison, WI 53711**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.881 Nonpriority creditor's name and mailing address

**El Jay Plumbing and Heating In**  
**520 Apolo Avenue Ne**  
**Saint Cloud, MN 56304**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.882 Nonpriority creditor's name and mailing address

**Electrical Appliance Repair Se**  
**5805 Valley Belt Road**  
**Independence, OH 44131**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.883 Nonpriority creditor's name and mailing address

**Electrical Enterprises Inc**  
**PO Box 421**  
**Clarkston, MI 48347**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.884 Nonpriority creditor's name and mailing address

**Electro Watchman Inc**  
**1 West Water St**  
**Suite 110**  
**Saint Paul, MN 55107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.885 Nonpriority creditor's name and mailing address

**Electronic Contracting Co Inc**  
**PO Box 29195**  
**Lincoln, NE 68529**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor Name	Case number (if known)	19-43756
<b>Granite City Food &amp; Brewery Ltd.</b> Name		
3.886 Nonpriority creditor's name and mailing address <b>Elena Czyz</b> <b>8461 Nw Prairie View Dr</b> <b>Kansas City, MO 64153</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.887 Nonpriority creditor's name and mailing address <b>Elijah Everett Eaton</b> <b>380 Upper Service Road</b> <b>Hookstown, PA 15050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.888 Nonpriority creditor's name and mailing address <b>Eliza Bryant Village Inc</b> <b>7201 Wade Park Ave</b> <b>Cleveland, OH 44103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.889 Nonpriority creditor's name and mailing address <b>Elizabeth Vander Grift</b> <b>4304 N Colorado Ave</b> <b>Sioux Falls, SD 57107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.890 Nonpriority creditor's name and mailing address <b>Ella Floral Group LLC</b> <b>2827 Freeman St</b> <b>Fort Wayne, IN 46802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.891 Nonpriority creditor's name and mailing address <b>Ellen M Tjaden</b> <b>1913 3rd Ave</b> <b>Marion, IA 52302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.892 Nonpriority creditor's name and mailing address <b>Ellsworth Coop Telephone Assn</b> <b>PO Box 458</b> <b>Ellsworth, IA 50075-0458</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.893	<b>Nonpriority creditor's name and mailing address</b> <b>Elyse B Obsniuk</b> <b>29455 James St</b> <b>Garden City, MI 48135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.894	<b>Nonpriority creditor's name and mailing address</b> <b>Emerald Green Lawncare Inc</b> <b>420 E Hwy 30</b> <b>Lisbon, IA 52253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,645.50</b>
3.895	<b>Nonpriority creditor's name and mailing address</b> <b>Emerging Pearls Foundation</b> <b>9165 Otis Ave Ste 238</b> <b>Indianapolis, IN 46216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.896	<b>Nonpriority creditor's name and mailing address</b> <b>Emilie S Tomlinson</b> <b>2722 Neff Street</b> <b>Elkhart, IN 46514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.897	<b>Nonpriority creditor's name and mailing address</b> <b>Emilo C De Armas</b> <b>8225 Sw 188 St</b> <b>Miami, FL 33157</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.898	<b>Nonpriority creditor's name and mailing address</b> <b>Emily A Oberle</b> <b>351 Bannock St</b> <b>Fort Collins, CO 80524</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.899	<b>Nonpriority creditor's name and mailing address</b> <b>Emily Fleiner</b> <b>1906 Kenzie Drive</b> <b>Pittsburgh, PA 15205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.900 Nonpriority creditor's name and mailing address

**Emily Orlich**  
**1906 Kenzie Drive**  
**Pittsburgh, PA 15205**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.901 Nonpriority creditor's name and mailing address

**Emily Perez**  
**4933 Sw 129 Avenue**  
**Miami, FL 33175**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.902 Nonpriority creditor's name and mailing address

**Emily Scott**  
**214 4th Ste E #207**  
**Saint Paul, MN 55101**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.903 Nonpriority creditor's name and mailing address

**Emmaculate Reflections LLC**  
**5440 N State Rd 7 Ste 223**  
**Fort Lauderdale, FL 33319**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.904 Nonpriority creditor's name and mailing address

**Empire Distributors Of**  
**Tennessee Inc**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.905 Nonpriority creditor's name and mailing address

**Empire Enterprises Intl Inc**  
**7950 Nw 53rd St Ste 337**  
**Miami, FL 33166**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.906 Nonpriority creditor's name and mailing address

**Employment Screenings Svcs Inc**  
**Dept K PO Box 830520**  
**Birmingham, AL 35283**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$352.00**

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

3.907	Nonpriority creditor's name and mailing address <b>Emr</b> <b>9100 Yellow Brick Rd</b> <b>Suite H</b> <b>Rosedale, MD 21237</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.908	Nonpriority creditor's name and mailing address <b>Ems Detergent Services Co Inc</b> <b>390 Herky St Ste 4w</b> <b>North Liberty, IA 52317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$473.45</b>
3.909	Nonpriority creditor's name and mailing address <b>Encore One LLC</b> <b>PO Box 9201 Mi 10</b> <b>Minneapolis, MN 55480-9201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,308.83</b>
3.910	Nonpriority creditor's name and mailing address <b>End Zone Athletics</b> <b>PO Box 530898</b> <b>Grand Prairie, TX 75053</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.911	Nonpriority creditor's name and mailing address <b>Energy City Brewing LLC</b> <b>2 1/2 W Wilson St Ste A1</b> <b>Batavia, IL 60510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.912	Nonpriority creditor's name and mailing address <b>Engledow Inc</b> <b>1100 E 116th Street</b> <b>Carmel, IN 46032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.913	Nonpriority creditor's name and mailing address <b>Enviromaster Inc</b> <b>PO Box 90026</b> <b>Sioux Falls, SD 57109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$317.85</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.914 Nonpriority creditor's name and mailing address

**Enviromaster Svcs**  
**PO Box 12350**  
**Charlotte, NC 28220**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,423.53**

3.915 Nonpriority creditor's name and mailing address

**Enviromatic Corp Of America**  
**5936 Pillsbury Avenue South**  
**Minneapolis, MN 55419**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$13,844.53**

3.916 Nonpriority creditor's name and mailing address

**Epiphany Evangelical Lutheran**  
**915 N Reynolds Rd**  
**Toledo, OH 43615**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.917 Nonpriority creditor's name and mailing address

**Equiniti Trust Co Inc**  
**PO Box 856686**  
**Minneapolis, MN 55485-6686**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,447.65**

3.918 Nonpriority creditor's name and mailing address

**Er Pumping Service Corp**  
**PO Box 266603**  
**Fort Lauderdale, FL 33326**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.919 Nonpriority creditor's name and mailing address

**Eric Curry**  
**372 Abbedale Court**  
**Carmel, IN 46032**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.920 Nonpriority creditor's name and mailing address

**Eric Fuller**  
**33075 Allen**  
**Livonia, MI 48154**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> Name	Case number (if known)	<b>19-43756</b>
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3.921	<b>Nonpriority creditor's name and mailing address</b> <b>Eric Sredzinski</b> <b>19552 Northridge Dr</b> <b>Northville, MI 48167-2912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.922	<b>Nonpriority creditor's name and mailing address</b> <b>Erickson Electric Co Inc</b> <b>212 North 8th Ave</b> <b>Saint Cloud, MN 56303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.923	<b>Nonpriority creditor's name and mailing address</b> <b>Erickson Plumbing and Heating</b> <b>230-35 Th St</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.924	<b>Nonpriority creditor's name and mailing address</b> <b>Erik Lyons</b> <b>527 Wet Sand Dr</b> <b>Severn, MD 21144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.925	<b>Nonpriority creditor's name and mailing address</b> <b>Erik Schelesky</b> <b>4214 3 Oaks Drive Apt 3b</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.926	<b>Nonpriority creditor's name and mailing address</b> <b>Erin R Schillinger</b> <b>2405 23rd Ave A</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.927	<b>Nonpriority creditor's name and mailing address</b> <b>Ermco Inc</b> <b>PO Box 1507</b> <b>Indianapolis, IN 46206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.928 Nonpriority creditor's name and mailing address

**Essentials LLC**  
**6333 Apples Way Ste 115**  
**Lincoln, NE 68516**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.929 Nonpriority creditor's name and mailing address

**Etc Neon Incorporated**  
**6601 Ridgeview Drive**  
**Minneapolis, MN 55439**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.930 Nonpriority creditor's name and mailing address

**Euclid Beverage**  
**200 Overland Drive**  
**IL 60562**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.931 Nonpriority creditor's name and mailing address

**Euclid Glass and Steel Door In**  
**4560 Glenbrook Rd**  
**Willoughby, OH 44094**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.932 Nonpriority creditor's name and mailing address

**Euclid Municipal Court**  
**555 E 222 St**  
**Euclid, OH 44123**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.933 Nonpriority creditor's name and mailing address

**EUGENE E MCGOWAN SR**  
**350 S. Main Ave, #605**  
**Sioux Falls, SD 57104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.934 Nonpriority creditor's name and mailing address

**Eugene E Mcgowan Sr**  
**350 S Main Ave #605**  
**Sioux Falls, SD 57104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.935 Nonpriority creditor's name and mailing address

**Evan Laroche**  
**1206 Englewood Ave**  
**Saint Paul, MN 55104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.936 Nonpriority creditor's name and mailing address

**Evan Strauel**  
**2332 Crabtree Ave**  
**Woodridge, IL 60517**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.937 Nonpriority creditor's name and mailing address

**Evangelical Lutheran Church Of**  
**Our Redeemer**  
**9135 Shelley Ave**  
**Saint Louis, MO 63114-4812**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.938 Nonpriority creditor's name and mailing address

**Events Rental LLC**  
**4021 Lowell Cir #1**  
**Lincoln, NE 68502**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.939 Nonpriority creditor's name and mailing address

**Ever Onward Inc**  
**1153 Bergen Parkway**  
**Suite I Box 123**  
**Evergreen, CO 80439**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.940 Nonpriority creditor's name and mailing address

**Everett Rogers**  
**285 Frances Lane**  
**104**  
**Lansing, KS 66043**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.941 Nonpriority creditor's name and mailing address

**Evolving Solutions Inc**  
**3989 County Road 116**  
**Hamel, MN 55340**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,742.00**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.942	<b>Nonpriority creditor's name and mailing address</b> <b>Excell LLC</b> <b>PO Box 18</b> <b>Peculiar, MO 64078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.943	<b>Nonpriority creditor's name and mailing address</b> <b>Exchange Club Of Dupage County</b> <b>340 Quadrangle Dr Ste A</b> <b>Bolingbrook, IL 60440</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.944	<b>Nonpriority creditor's name and mailing address</b> <b>Executive Maint Systems</b> <b>PO Box 31224</b> <b>Independence, OH 44131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.945	<b>Nonpriority creditor's name and mailing address</b> <b>Exsell Inc</b> <b>800 S Home Ave</b> <b>Park Ridge, IL 60068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.946	<b>Nonpriority creditor's name and mailing address</b> <b>Extra Space Mngt Inc</b> <b>497 Liberty Pike</b> <b>Franklin, TN 37064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$790.00</b>
3.947	<b>Nonpriority creditor's name and mailing address</b> <b>Eyman Plumb Inc</b> <b>8506 South 117th Street</b> <b>La Vista, NE 68128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$369.02</b>
3.948	<b>Nonpriority creditor's name and mailing address</b> <b>Ez Plumb Co Inc</b> <b>400 Lincoln Street</b> <b>Verona, WI 53593</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Granite City Food &amp; Brewery Ltd.</b> <small>Name</small>	Case number (if known)	<b>19-43756</b>
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3.949	<b>Nonpriority creditor's name and mailing address</b> <b>Fabiano Bros Inc</b> <b>1885 Bevanda Ct</b> <b>Bay City, MI 48706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.950	<b>Nonpriority creditor's name and mailing address</b> <b>Faith Evangelical Lutheran Church &amp; School</b> <b>8701 Adams Street</b> <b>Lincoln, NE 68507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.951	<b>Nonpriority creditor's name and mailing address</b> <b>Falcon Fire Protection Inc</b> <b>1239 A Clay Street</b> <b>Kansas City, MO 64116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.952	<b>Nonpriority creditor's name and mailing address</b> <b>Fallen Timbers Ohio LLC</b> <b>PO Box 368</b> <b>Emerson, NJ 07630</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,319.90</b>
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3.953	<b>Nonpriority creditor's name and mailing address</b> <b>Fame LLC</b> <b>121 Washington Ave N</b> <b>Minneapolis, MN 55401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.954	<b>Nonpriority creditor's name and mailing address</b> <b>Family Support Payment Center</b> <b>PO Box 109001</b> <b>Jefferson City, MO 65110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.955	<b>Nonpriority creditor's name and mailing address</b> <b>Fancy Plants and Flowers</b> <b>830 S 121st Street</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.956 Nonpriority creditor's name and mailing address

**Fargo Moorhead Area Youth Symp**  
**808 3rd Ave S Ste 302**  
**Fargo, ND 58103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.957 Nonpriority creditor's name and mailing address

**Fargo Moorhead Choral Artists**  
**210 7th St S Ste 100**  
**Moorhead, MN 56560**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.958 Nonpriority creditor's name and mailing address

**Fargo Park Disct**  
**701 Main Avenue**  
**Fargo, ND 58103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.959 Nonpriority creditor's name and mailing address

**Fargo Rentall Inc**  
**3201 32nd St South**  
**Fargo, ND 58104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.960 Nonpriority creditor's name and mailing address

**Farmer Brothers Company Inc**  
**PO Box 732855**  
**Dallas, TX 75373-2855**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$13,708.55**

3.961 Nonpriority creditor's name and mailing address

**Fast Drainz Co Inc**  
**PO Box 246**  
**Deerfield, IL 60015**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.962 Nonpriority creditor's name and mailing address

**Fastsigns Sf**  
**709 South Minnesota**  
**Sioux Falls, SD 57104**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.963 Nonpriority creditor's name and mailing address

**Father and Sons Carpet Cleanin**  
**1735 Huntington Dr Box 15**  
**West Fargo, ND 58078**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.964 Nonpriority creditor's name and mailing address

**Fcg Contracting LLC**  
**14825 S First St**  
**DeKalb, IL 60115-8928**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.965 Nonpriority creditor's name and mailing address

**Fdmd LLC**  
**9207 Horseshoe Lake Road**  
**Cedar Rapids, IA 52411**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.966 Nonpriority creditor's name and mailing address

**Fed Ex Freight**  
**Dept Ch**  
**PO Box 10306**  
**Palatine, IL 60055-0306**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$137.00**

3.967 Nonpriority creditor's name and mailing address

**Federal Express**  
**PO Box 94515**  
**Palatine, IL 60094-4515**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$695.32**

3.968 Nonpriority creditor's name and mailing address

**Federal Express Inc**  
**Infosync Account**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$428.77**

3.969 Nonpriority creditor's name and mailing address

**Federal Fireplace Inc**  
**3081 Haggerty Rd**  
**Walled Lake, MI 48390**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor Name	Case number (if known)	19-43756
<b>Granite City Food &amp; Brewery Ltd.</b> Name 3.970 Nonpriority creditor's name and mailing address <b>Fedex</b> <b>PO Box 371461</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.971 Nonpriority creditor's name and mailing address <b>Fedex Freight Lv</b> <b>PO Box 223125</b> <b>Pittsburgh, PA 15251-2125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.972 Nonpriority creditor's name and mailing address <b>Fedex Ground Inc</b> <b>PO Box 94515</b> <b>Palatine, IL 60094-4515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.973 Nonpriority creditor's name and mailing address <b>Feed My Starving Children</b> <b>6750 W Broadway</b> <b>Minneapolis, MN 55428</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.974 Nonpriority creditor's name and mailing address <b>Feeding America Inc.</b> <b>PO Box 96749</b> <b>Washington, DC 20090-6749</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,089.79</b>
3.975 Nonpriority creditor's name and mailing address <b>Felix Barrios</b> <b>1523 Saragosa Ave</b> <b>Miami, FL 33134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.976 Nonpriority creditor's name and mailing address <b>Felling Products Inc</b> <b>PO Box 425</b> <b>Waite Park, MN 56387</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor Name	Case number (if known)	
<b>Granite City Food &amp; Brewery Ltd.</b>	<b>19-43756</b>	
<b>3.977</b> Nonpriority creditor's name and mailing address <b>Fernbrook Elementary Pto</b> <b>9661 Fernbrook Ln N</b> <b>Osseo, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.978</b> Nonpriority creditor's name and mailing address <b>Feruci Inc</b> <b>2770 Nw 24th St</b> <b>Miami, FL 33142</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.979</b> Nonpriority creditor's name and mailing address <b>Fetching Tails Foundation</b> <b>PO Box 463</b> <b>Itasca, IL 60143</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.980</b> Nonpriority creditor's name and mailing address <b>Fevig Oil Company Inc</b> <b>19474 160th Avenue North</b> <b>Felton, MN 56536</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.981</b> Nonpriority creditor's name and mailing address <b>Fiedler Law Firm Plc</b> <b>8831 Windsor Parkway</b> <b>Johnston, IA 50131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.982</b> Nonpriority creditor's name and mailing address <b>Fifth Third Bank</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,792.31</b>
<b>3.983</b> Nonpriority creditor's name and mailing address <b>Finance Dept Treasury Division</b> <b>2 Woodward Ave Rm 105</b> <b>Detroit, MI 48226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.984	<b>Nonpriority creditor's name and mailing address</b> <b>Finken Water Centers</b> <b>3423 County Rd 74</b> <b>PO Box 7190</b> <b>Saint Cloud, MN 56302-7190</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$198.88</b>
3.985	<b>Nonpriority creditor's name and mailing address</b> <b>Fintech</b> <b>3109 W Dr. MLK Jr. Blvd.</b> <b>Suite 200</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.986	<b>Nonpriority creditor's name and mailing address</b> <b>Fire Safety Inc</b> <b>1 Helmkamp Dr</b> <b>PO Box 19</b> <b>Wood River, IL 62095-0019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.987	<b>Nonpriority creditor's name and mailing address</b> <b>Fire Systems Of Michigan LLC</b> <b>26109 Grand River Avenue</b> <b>Redford, MI 48240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.988	<b>Nonpriority creditor's name and mailing address</b> <b>First Collections</b> <b>PO Box 13225</b> <b>Grand Forks, ND 58208-3225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.989	<b>Nonpriority creditor's name and mailing address</b> <b>Fish Window Cleaning Lg</b> <b>PO Box 413631</b> <b>Kansas City, MO 64141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.990	<b>Nonpriority creditor's name and mailing address</b> <b>Fish Window Cleaning Maumee</b> <b>PO Box 140893</b> <b>Toledo, OH 43614</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$305.00</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.991 Nonpriority creditor's name and mailing address

**Fish Window Cleaning Pe  
1904 Ne Monroe St  
Peoria, IL 61603**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.992 Nonpriority creditor's name and mailing address

**Fish Window Cleaning Tr  
PO Box 251302  
West Bloomfield, MI 48325**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$950.00**

3.993 Nonpriority creditor's name and mailing address

**Fishbowl Inc  
PO Box 740513  
Atlanta, GA 30374-0513**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$9,009.00**

3.994 Nonpriority creditor's name and mailing address

**Fisher Scientific  
13551 Collecions Ctr Dr  
Acct 952446-001  
Chicago, IL 60693**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.995 Nonpriority creditor's name and mailing address

**Fisk Karz Katz and Regan Ltd  
77 W Washington Street  
Ste 900  
Chicago, IL 60602**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.996 Nonpriority creditor's name and mailing address

**Fite LLC  
PO Box 147  
Monrovia, IN 46157**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.997 Nonpriority creditor's name and mailing address

**Five Star Distrib Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.998 Nonpriority creditor's name and mailing address

**Flat Earth Holdings LLC**  
**688 Minnehaha Ave East**  
**Saint Paul, MN 55106**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$140.00**

3.999 Nonpriority creditor's name and mailing address

**Fleck Sales**  
**11125 High Life Court Sw**  
**Cedar Rapids, IA 52404**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.100  
0 Nonpriority creditor's name and mailing address

**Florida City Gas**  
**PO Box 5410**  
**Carol Stream, IL 60197-5410**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$824.39**

3.100  
1 Nonpriority creditor's name and mailing address

**Florida Dept Of Financial Svcs**  
**PO Box 6350**  
**Tallahassee, FL 32314-6350**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.100  
2 Nonpriority creditor's name and mailing address

**Florida Power and Light**  
**Attn: Bankruptcy Department**  
**4200 West Flagler Street**  
**Coral Gables, FL 33134**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$5,195.98**

3.100  
3 Nonpriority creditor's name and mailing address

**Florida Restaurant& Lodging**  
**Assoc**  
**230 S Adams Street**  
**Tallahassee, FL 32301**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.100  
4 Nonpriority creditor's name and mailing address

**Florida Seating Inc**  
**PO Box 17660**  
**Clearwater, FL 33762**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.100 5	<b>Nonpriority creditor's name and mailing address</b> <b>Florida State Disbursement Uni</b> <b>PO Box 8500</b> <b>Tallahassee, FL 32314</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.100 6	<b>Nonpriority creditor's name and mailing address</b> <b>Floyd Total Security Inc</b> <b>9036 Grand Ave S</b> <b>Bloomington, MN 55420-3634</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.09</b>
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3.100 7	<b>Nonpriority creditor's name and mailing address</b> <b>Food Bank Of Lincoln Inc</b> <b>4840 Doris Bair Circle Ste A</b> <b>Lincoln, NE 68504-1465</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.100 8	<b>Nonpriority creditor's name and mailing address</b> <b>Foremost</b> <b>4834 Park Glen Rd</b> <b>Minneapolis, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.100 9	<b>Nonpriority creditor's name and mailing address</b> <b>Forman Glass LLC</b> <b>5015 E Michigan Ave</b> <b>Kalamazoo, MI 49048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 0	<b>Nonpriority creditor's name and mailing address</b> <b>Fort Wayne Allen County Econom</b> <b>200 E Main St Ste 800</b> <b>Fort Wayne, IN 46802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 1	<b>Nonpriority creditor's name and mailing address</b> <b>Fort Wayne County Department</b> <b>Of Health</b> <b>200 E Berry Street Ste 360</b> <b>Fort Wayne, IN 46802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.101 2	<b>Nonpriority creditor's name and mailing address</b> <b>Fort Wayne Prof Baseball LLC</b> <b>1301 Ewing St</b> <b>Fort Wayne, IN 46802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 3	<b>Nonpriority creditor's name and mailing address</b> <b>Fort Wayne Zoological Society</b> <b>3411 Sherman Blvd</b> <b>Fort Wayne, IN 46808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 4	<b>Nonpriority creditor's name and mailing address</b> <b>Foster Mechanical Corp</b> <b>10452 Baur Blvd</b> <b>Saint Louis, MO 63132</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$146.77</b>
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3.101 5	<b>Nonpriority creditor's name and mailing address</b> <b>Fouad Bashour</b> <b>3879 Maple Avenue</b> <b>Suite 400</b> <b>Dallas, TX 75219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 6	<b>Nonpriority creditor's name and mailing address</b> <b>Fouad Bashour</b> <b>3879 Maple Avenue</b> <b>Suite 400</b> <b>Dallas, TX 75219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 7	<b>Nonpriority creditor's name and mailing address</b> <b>Foundation For Prader Willi Re</b> <b>340 S Lemon Ave Ste 3620</b> <b>Walnut, CA 91789</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.101 8	<b>Nonpriority creditor's name and mailing address</b> <b>Four Day Ray Brewing LLC</b> <b>11671 Lantern Road</b> <b>Fishers, IN 46038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.101 9	<b>Nonpriority creditor's name and mailing address</b> <b>Four Seasons Heating Air Condi</b> <b>10841 Metea Lane</b> <b>Osceola, IN 46561</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 0	<b>Nonpriority creditor's name and mailing address</b> <b>Fox Fire Safety Inc</b> <b>4605 Lincolnway East</b> <b>Mishawaka, IN 46544</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 1	<b>Nonpriority creditor's name and mailing address</b> <b>Fox Valley Fire&amp; Safety Co Inc</b> <b>2730 Pinnacle Drive</b> <b>Elgin, IL 60124</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$617.06</b>
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3.102 2	<b>Nonpriority creditor's name and mailing address</b> <b>Foxx Equipment Co Inc</b> <b>421 Southwest Blvd</b> <b>Kansas City, MO 64108-2184</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.10</b>
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3.102 3	<b>Nonpriority creditor's name and mailing address</b> <b>Frames Pest Control Inc</b> <b>4947 W Alexis</b> <b>Sylvania, OH 43560</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 4	<b>Nonpriority creditor's name and mailing address</b> <b>Francis Properties LLC</b> <b>5507 Valley Dr #6</b> <b>Bettendorf, IA 52722</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,765.00</b>
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3.102 5	<b>Nonpriority creditor's name and mailing address</b> <b>Francisco R Garza</b> <b>911 Kenmore Rd</b> <b>Rockford, IL 61108</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.102 6	<b>Nonpriority creditor's name and mailing address</b> <b>Franklin Machine Products Inc</b> <b>PO Box 781570</b> <b>Philadelphia, PA 19178</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 7	<b>Nonpriority creditor's name and mailing address</b> <b>Franklin Water &amp; Wastewater</b> <b>Dept</b> <b>PO Box 306097</b> <b>Nashville, TN 37230-6097</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 8	<b>Nonpriority creditor's name and mailing address</b> <b>Fraternal Order Of Police Ldge</b> <b>130 Auxiliary</b> <b>2233 Burdette</b> <b>Ferndale, MI 48220</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.102 9	<b>Nonpriority creditor's name and mailing address</b> <b>Fraternal Order Of Police Wayn</b> <b>2125 Olladale Dr</b> <b>Fort Wayne, IN 46808</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.103 0	<b>Nonpriority creditor's name and mailing address</b> <b>Fred The Fixer Inc</b> <b>309 South Lincoln Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.103 1	<b>Nonpriority creditor's name and mailing address</b> <b>Frederick Grant</b> <b>1100 N Eutaw St</b> <b>Baltimore, MD 21201</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.103 2	<b>Nonpriority creditor's name and mailing address</b> <b>Freds Heating and Air Inc</b> <b>6596 S 118th Street</b> <b>Omaha, NE 68137</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Freed Plumb Inc</b> <b>615 27th Street</b> <b>Rockford, IL 61108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$252.00</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Freedman Anselmo Lindber</b> <b>PO Box 3228</b> <b>Naperville, IL 60566</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Freedom Fresh LLC</b> <b>11001 Nw 124th Street</b> <b>Medley, FL 33178</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,094.55</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Fremont Area United Way</b> <b>445 E 1st Street</b> <b>Fremont, NE 68025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Fresh Scents Of Iowa</b> <b>PO Box 10933</b> <b>Cedar Rapids, IA 52410-0933</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.83</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Friends Helping Friends Inc</b> <b>PO Box 9764</b> <b>Cedar Rapids, IA 52409</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.103 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Friends Of The Assateague Stat</b> <b>PO Box 375</b> <b>Berlin, MD 21811</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.104 0	Nonpriority creditor's name and mailing address <b>Friends Of Ushers Ferry</b> <b>PO Box 11354</b> <b>Cedar Rapids, IA 52406</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 1	Nonpriority creditor's name and mailing address <b>Frinks Sewer &amp; Drain</b> <b>PO Box 1004</b> <b>Rockford, IL 61105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 2	Nonpriority creditor's name and mailing address <b>Front 9 LLC</b> <b>610 Park Shore Dr</b> <b>Cassopolis, MI 49031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 3	Nonpriority creditor's name and mailing address <b>Front Street Brewery Inc</b> <b>208 E River Dr</b> <b>Davenport, IA 52801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 4	Nonpriority creditor's name and mailing address <b>Frontier</b> <b>PO Box 740407</b> <b>Cincinnati, OH 45274-0407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 5	Nonpriority creditor's name and mailing address <b>Frontier Bootery Inc</b> <b>37495 Kingsburn Dr</b> <b>Livonia, MI 48152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 6	Nonpriority creditor's name and mailing address <b>Fss Technologies LLC</b> <b>516 W Campus Drive</b> <b>Arlington Heights, IL 60004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.104 7	<b>Nonpriority creditor's name and mailing address</b> <b>G and K Services Omaha</b> <b>7813 Solution Center</b> <b>Chicago, IL 60677-7008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 8	<b>Nonpriority creditor's name and mailing address</b> <b>G&amp;K Services</b> <b>PO Box 842385</b> <b>Boston, MA 02284-2385</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104 9	<b>Nonpriority creditor's name and mailing address</b> <b>Gabriel Rodriguez</b> <b>552 Sw 2ns St Apt #5</b> <b>Miami, FL 33130</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 0	<b>Nonpriority creditor's name and mailing address</b> <b>Gabriel Trust</b> <b>1113 Murfreesboro Rd</b> <b>#106-224</b> <b>Franklin, TN 37064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 1	<b>Nonpriority creditor's name and mailing address</b> <b>Gail Marie Culbreth</b> <b>205 Box Hall Court</b> <b>Saint Johns, FL 32259</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 2	<b>Nonpriority creditor's name and mailing address</b> <b>Galaxy America</b> <b>7431 Sawyer Circle</b> <b>Unit 3</b> <b>Port Charlotte, FL 33981</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 3	<b>Nonpriority creditor's name and mailing address</b> <b>Gallagher Benefit Svcs Inc</b> <b>2850 West Golf Road</b> <b>5th Floor</b> <b>Rolling Meadows, IL 60008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,083.33</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.105 4	<b>Nonpriority creditor's name and mailing address</b> <b>Gallup Inc</b> <b>PO Box 310284</b> <b>Des Moines, IA 50331-0284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 5	<b>Nonpriority creditor's name and mailing address</b> <b>Garda CI Great Lakes Inc</b> <b>Lockb#233209</b> <b>3209 Momentum Place</b> <b>Chicago, IL 60689-5332</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 6	<b>Nonpriority creditor's name and mailing address</b> <b>Gasket Guy LLC</b> <b>980 Regents Park Dr</b> <b>Monroe, MI 48161</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 7	<b>Nonpriority creditor's name and mailing address</b> <b>Gasket Guy Of Nashville LLC</b> <b>503 Sharpe Drive</b> <b>Franklin, TN 37064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 8	<b>Nonpriority creditor's name and mailing address</b> <b>Gaskets Rock LLC</b> <b>409 Parkway View Drive</b> <b>Pittsburgh, PA 15205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.105 9	<b>Nonpriority creditor's name and mailing address</b> <b>Gateway Door Securities LLC</b> <b>4014 Chouteau Ave</b> <b>Saint Louis, MO 63110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 0	<b>Nonpriority creditor's name and mailing address</b> <b>Gather Technologies Inc</b> <b>715 Peachtree St Ne</b> <b>Atlanta, GA 30308</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.106 1	<b>Nonpriority creditor's name and mailing address</b> <b>Gator Chef Inc</b> <b>100 Frontier Way</b> <b>Bensenville, IL 60106-1124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 2	<b>Nonpriority creditor's name and mailing address</b> <b>Gazette Newspapers Inc</b> <b>PO Box 482</b> <b>Troy, MI 48099</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 3	<b>Nonpriority creditor's name and mailing address</b> <b>Gc Services Lp</b> <b>PO Box 4148</b> <b>Houston, TX 77210</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 4	<b>Nonpriority creditor's name and mailing address</b> <b>Gc Wichita Lp</b> <b>201 N Minnesota Avenue</b> <b>Suite 101</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,166.60</b>
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3.106 5	<b>Nonpriority creditor's name and mailing address</b> <b>Geauga County Humane Society</b> <b>15463 Chillicothe Road</b> <b>Novelty, OH 44072</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 6	<b>Nonpriority creditor's name and mailing address</b> <b>Gecko Hospitality</b> <b>Department 4542</b> <b>Carol Stream, IL 60122-4542</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 7	<b>Nonpriority creditor's name and mailing address</b> <b>Geeks Who Drink LLC</b> <b>PO Box 674217</b> <b>Dallas, TX 75287-4217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.106 8	<b>Nonpriority creditor's name and mailing address</b> <b>Gene Gray</b> <b>24 Quail Ridge Drive</b> <b>Madison, WI 53717</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.106 9	<b>Nonpriority creditor's name and mailing address</b> <b>General Fire and Safety</b> <b>2431 Fairfield Street</b> <b>Suite A</b> <b>Lincoln, NE 68521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 0	<b>Nonpriority creditor's name and mailing address</b> <b>General Fire and Safety Equip</b> <b>5641 South 85th Circle</b> <b>Omaha, NE 68127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
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3.107 1	<b>Nonpriority creditor's name and mailing address</b> <b>General Security Services Corp</b> <b>9110 Meadowview Rd</b> <b>Minneapolis, MN 55425</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 2	<b>Nonpriority creditor's name and mailing address</b> <b>Genovese Cutlery LLC</b> <b>10 Linden Court</b> <b>Morton, IL 61550</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 3	<b>Nonpriority creditor's name and mailing address</b> <b>Genovese Knife Co Inc</b> <b>PO Box 5548</b> <b>Peoria, IL 61601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.25</b>
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3.107 4	<b>Nonpriority creditor's name and mailing address</b> <b>Get Fresh Produce Inc</b> <b>1441 Brewster Creek Blvd</b> <b>Bartlett, IL 60103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,165.95</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.107 5	<b>Nonpriority creditor's name and mailing address</b> <b>Getz Fire Equipment</b> <b>PO Box 419</b> <b>Peoria, IL 61651-0419</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 6	<b>Nonpriority creditor's name and mailing address</b> <b>Geyer Rental Stcloud</b> <b>1816 St Germain Street</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 7	<b>Nonpriority creditor's name and mailing address</b> <b>Gfsii LLC</b> <b>PO Box 3257</b> <b>Saginaw, MI 48605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 8	<b>Nonpriority creditor's name and mailing address</b> <b>Ggp Nimbus Lp</b> <b>PO Box 86</b> <b>Minneapolis, MN 55486-1495</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.107 9	<b>Nonpriority creditor's name and mailing address</b> <b>Ggplp Prime LLC</b> <b>PO Box 776250</b> <b>Chicago, IL 60677-6250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.108 0	<b>Nonpriority creditor's name and mailing address</b> <b>Gha Technologies Inc</b> <b>Dept 2090</b> <b>PO Box 29661</b> <b>Phoenix, AZ 85038-9661</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$851.34</b>
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3.108 1	<b>Nonpriority creditor's name and mailing address</b> <b>Giann Pierre Vazquez</b> <b>2020 Rindle Ct</b> <b>Murfreesboro, TN 37129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Giant Eagle Inc</b> <b>34310 Aurora Rd</b> <b>Solon, OH 44139</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gilberto Hernandez</b> <b>150 West 96th Street</b> <b>Indianapolis, IN 46260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gill Elementary Pta</b> <b>21195</b> <b>Farmington, MI 48335</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gina Galvan</b> <b>1310 E Chapman Ave</b> <b>Fullerton, CA 92831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Girl Scouts Of Southeastern Mi</b> <b>1333 Brewery Park Blvd</b> <b>Ste 500</b> <b>Detroit, MI 48207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Girton Co</b> <b>735 S 2nd Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gisela Lema</b> <b>352 South Avenue</b> <b>Bloomington, MN 55425-5527</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.108 9	<b>Nonpriority creditor's name and mailing address</b> <b>Giving Teens Grace</b> <b>5109 Litchfield Rd</b> <b>Fort Wayne, IN 46835</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 0	<b>Nonpriority creditor's name and mailing address</b> <b>Glazers Distribution</b> <b>4377 Nw 112th St</b> <b>Urbandale, IA 50322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,239.20</b>
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3.109 1	<b>Nonpriority creditor's name and mailing address</b> <b>Glazers Wholesale Oh Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 2	<b>Nonpriority creditor's name and mailing address</b> <b>Glenview Chamber Of Commerce</b> <b>2222 Chestnut Ste 100</b> <b>Glenview, IL 60026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 3	<b>Nonpriority creditor's name and mailing address</b> <b>Global Distributing Inc</b> <b>47498 Monarch Lane</b> <b>Renner, SD 57055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 4	<b>Nonpriority creditor's name and mailing address</b> <b>Global Health Systems Foundation Inc</b> <b>7639 Bayview Club Dr Ste 1 B</b> <b>Cincinnati, OH 45250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 5	<b>Nonpriority creditor's name and mailing address</b> <b>Glst Enterprises Inc</b> <b>730 North Westwood Avenue</b> <b>Toledo, OH 43607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.109 6	<b>Nonpriority creditor's name and mailing address</b> <b>Gold Coast Bev</b> <b>Distributors Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 7	<b>Nonpriority creditor's name and mailing address</b> <b>Golden Boy Pies Inc</b> <b>4945 Hadley St</b> <b>Overland Park, KS 66203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 8	<b>Nonpriority creditor's name and mailing address</b> <b>Golden Rule Inc</b> <b>804 Ne Main St</b> <b>Grimes, IA 50111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.109 9	<b>Nonpriority creditor's name and mailing address</b> <b>Goodwin Tucker</b> <b>PO Box 3285</b> <b>Des Moines, IA 50316-0285</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,105.66</b>
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3.110 0	<b>Nonpriority creditor's name and mailing address</b> <b>Gooseberry Park Players Inc</b> <b>PO Box 362</b> <b>Moorhead, MN 56561-0362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 1	<b>Nonpriority creditor's name and mailing address</b> <b>Gopher Kegs LLC</b> <b>595 Se Glenwood Dr</b> <b>Bend, OR 97702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 2	<b>Nonpriority creditor's name and mailing address</b> <b>Gould Stainless</b> <b>#1141 6027 79 Ave Se</b> <b>Calgary</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.110 3	<b>Nonpriority creditor's name and mailing address</b> <b>Govdocs</b> <b>PO Box 9202</b> <b>Vb Box 167</b> <b>Minneapolis, MN 55480-9202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 4	<b>Nonpriority creditor's name and mailing address</b> <b>Governors State University</b> <b>One University Parkway</b> <b>Physical Therapy Student Assn</b> <b>University Park, IL 60466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 5	<b>Nonpriority creditor's name and mailing address</b> <b>Gow Designs Inc</b> <b>7351 Nw 7th Street</b> <b>Unit H</b> <b>Miami, FL 33126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 6	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger (Mo)</b> <b>PO Box 419267</b> <b>Dept 870433620</b> <b>Kansas City, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$386.09</b>
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3.110 7	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger II Remit</b> <b>Dept 772-856649504</b> <b>Palatine, IL 60038-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 8	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger Inc</b> <b>Dept 875813388</b> <b>Palatine, IL 60038-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.110 9	<b>Nonpriority creditor's name and mailing address</b> <b>Grand Restaurant Equipment &amp; Design</b> <b>PO Box 30156</b> <b>Omaha, NE 68103-1256</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.111 0	<b>Nonpriority creditor's name and mailing address</b> <b>Granite City Armored Car Inc</b> <b>PO Box 295</b> <b>Sauk Rapids, MN 56379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.40</b>
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3.111 1	<b>Nonpriority creditor's name and mailing address</b> <b>Granite City Food and Brewery</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.111 2	<b>Nonpriority creditor's name and mailing address</b> <b>Granite City Wichita West LLC</b> <b>PO Box 1363</b> <b>C/O Hagen Commercial Real Est</b> <b>Sioux Falls, SD 57101-1363</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,166.60</b>
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3.111 3	<b>Nonpriority creditor's name and mailing address</b> <b>Granite Telecommunications LLC</b> <b>PO Box 983119</b> <b>Client Id #311</b> <b>Boston, MA 02298-3119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.111 4	<b>Nonpriority creditor's name and mailing address</b> <b>Graphic Alliance Inc</b> <b>600 Northgate Pkwy Ste G</b> <b>Wheeling, IL 60090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.111 5	<b>Nonpriority creditor's name and mailing address</b> <b>Grassco Inc</b> <b>4121 Hillegas Rd</b> <b>Fort Wayne, IN 46808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.111 6	<b>Nonpriority creditor's name and mailing address</b> <b>Great Babies Rescue Inc</b> <b>2586 S County Rd 225 W</b> <b>Paoli, IN 47454</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Beverage</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Coca Cola Distribution LLC</b> <b>PO Box 809082</b> <b>Chicago, IL 60680-9082</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Contracting Inc</b> <b>440 Arco Dr</b> <b>Toledo, OH 43607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Water Authority</b> <b>PO Box 441370</b> <b>Attn Treasury</b> <b>Detroit, MI 48224-1370</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Wine &amp; Spirits Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Oaks Maintenance and Hor</b> <b>28025 Samuel Linden Court</b> <b>Novi, MI 48377</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Great Pyrenees Club</b> <b>8 German Square</b> <b>Pittsburgh, PA 15203</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.112 4	<b>Nonpriority creditor's name and mailing address</b> <b>Great West Life and Annuity In</b> <b>8515 E Orchard Rd</b> <b>7t2 Corporate Tax Dept</b> <b>Greenwood Village, CO 80111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,371.27</b>
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3.112 5	<b>Nonpriority creditor's name and mailing address</b> <b>Great Western Malting Co Inc</b> <b>PO Box 51602</b> <b>Los Angeles, CA 90051-5902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$817.31</b>
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3.112 6	<b>Nonpriority creditor's name and mailing address</b> <b>Greater Fort Wayne Inc</b> <b>Cham Of Commerce</b> <b>PO Box 10134</b> <b>Fort Wayne, IN 46850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.112 7	<b>Nonpriority creditor's name and mailing address</b> <b>Greater Mount Olive Church of</b> <b>God in Christ</b> <b>1039 Bonner Ave</b> <b>Aurora, IL 60505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$390.00</b>
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3.112 8	<b>Nonpriority creditor's name and mailing address</b> <b>Greater Pittsburgh Community F</b> <b>1 North Linden St</b> <b>Duquesne, PA 15110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.112 9	<b>Nonpriority creditor's name and mailing address</b> <b>Greeneras</b> <b>PO Box 942318</b> <b>Miami, FL 33184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.113 0	<b>Nonpriority creditor's name and mailing address</b> <b>Greg Jones</b> <b>1804 Parkwild #10</b> <b>Council Bluffs, IA 51503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.113 1	<b>Nonpriority creditor's name and mailing address</b> <b>Greg Neutz</b> <b>9412 Unity Lane N</b> <b>Brooklyn Park, MN 55443</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.113 2	<b>Nonpriority creditor's name and mailing address</b> <b>Gregory L Andrews</b> <b>1964 B Ave Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.60</b>
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3.113 3	<b>Nonpriority creditor's name and mailing address</b> <b>Gregory Wilson</b> <b>22955 West 244th Street</b> <b>Paola, KS 66071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.113 4	<b>Nonpriority creditor's name and mailing address</b> <b>Gregs Lawn Service Inc</b> <b>1200 Continental Place Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.113 5	<b>Nonpriority creditor's name and mailing address</b> <b>Gregson Construction Inc</b> <b>4545 Meadow Valley Dr</b> <b>West Des Moines, IA 50265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.113 6	<b>Nonpriority creditor's name and mailing address</b> <b>Grey Eagle Creve Coeur</b> <b>2340 Millspark Drive</b> <b>Maryland Heights, MO 63043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$254.50</b>
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3.113 7	<b>Nonpriority creditor's name and mailing address</b> <b>Grinding Co Of America Inc</b> <b>105 Annabel Ave</b> <b>Baltimore, MD 21225</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334.96</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Grogans Beer</b> <b>840 4th Ave</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,453.16</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Group O Packaging Solutions</b> <b>PO Box 860144</b> <b>Minneapolis, MN 55486-0144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,691.85</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Guadalupe Gaytan</b> <b>7825 Copper Leaf Ln</b> <b>Madison, WI 53719</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian Fire Protection Servi</b> <b>7668 Standish Place</b> <b>Rockville, MD 20855</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gurstel Law Firm Pc</b> <b>6681 Country Club Dr</b> <b>Golden Valley, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Gw Kent Inc Mg</b> <b>PO Box 674703</b> <b>Detroit, MI 48267-4703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>H and B Services LLC</b> <b>4027 Clay Place Ne</b> <b>Washington, DC 20019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$492.90</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>H and D Mechanical LLC</b> <b>7703 Crain Highway</b> <b>Upper Marlboro, MD 20772</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>H and S Distribution LLC</b> <b>601 S Caroline Street</b> <b>Baltimore, MD 21231</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Habitat For Humanity</b> <b>Of Oakland Cnty</b> <b>150 Osmun Street</b> <b>Pontiac, MI 48342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Habitat For Humanity Saint Lou</b> <b>3830 S Grand Blvd</b> <b>Saint Louis, MO 63118</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Haley Murphy</b> <b>5709 Meadows Dr</b> <b>Fort Wayne, IN 46804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Haley Stonebarger</b> <b>1010 Ashford Drive Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Half Way Home Animal Rescue In</b> <b>PO Box 494</b> <b>Orland Park, IL 60462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.115 2	<b>Nonpriority creditor's name and mailing address</b> <b>Hamco Business Information Supplies</b> <b>137 Weldon Parkway</b> <b>Maryland Heights, MO 63043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.115 3	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Health Department</b> <b>18030 Foundation Dr Suite A</b> <b>Noblesville, IN 46060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.115 4	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Treasurer</b> <b>33 North 9th Street</b> <b>Suite 112</b> <b>Noblesville, IN 46060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,233.76</b>
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3.115 5	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Treasurer (IA)</b> <b>2300 Superior Street</b> <b>Suite 7</b> <b>Webster City, IA 50595</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,879.00</b>
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3.115 6	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton Elementary School</b> <b>5625 Northfield Parkway</b> <b>Troy, MI 48098</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.115 7	<b>Nonpriority creditor's name and mailing address</b> <b>Hammerheart LLC</b> <b>Hammerheart Brewing Company</b> <b>7785 Lake Drive</b> <b>Lino Lakes, MN 55014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.115 8	<b>Nonpriority creditor's name and mailing address</b> <b>Hander Inc</b> <b>2407 W 5th Street</b> <b>Sioux Falls, SD 57104-5673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.115 9	<b>Nonpriority creditor's name and mailing address</b> <b>Harbor Saints Inc</b> <b>1431 Potomac Heights Dr</b> <b>Fort Washington, MD 20744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 0	<b>Nonpriority creditor's name and mailing address</b> <b>Harborlife Group LLC</b> <b>603 Bay Front Drive</b> <b>Fort Washington, MD 20744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 1	<b>Nonpriority creditor's name and mailing address</b> <b>Hard Core Bev Inc</b> <b>2 Fools Cider</b> <b>1665 Quincy Ave #155</b> <b>Naperville, IL 60540</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 2	<b>Nonpriority creditor's name and mailing address</b> <b>Harold Castner</b> <b>1031 N Beville Ave</b> <b>Indianapolis, IN 46201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 3	<b>Nonpriority creditor's name and mailing address</b> <b>Harold T Godfrey Jr</b> <b>16780 Sw 278 St</b> <b>Homestead, FL 33031</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 4	<b>Nonpriority creditor's name and mailing address</b> <b>Harvard Maintenance Inc</b> <b>201 S Biscayne Blvd</b> <b>24th Floor</b> <b>Miami, FL 33131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 5	<b>Nonpriority creditor's name and mailing address</b> <b>Hausers Water Systems Inc</b> <b>PO Box 28</b> <b>Manchester, IA 52057-0028</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.116 6	<b>Nonpriority creditor's name and mailing address</b> <b>Haven Inc</b> <b>801 Vanguard Dr</b> <b>Pontiac, MI 48341</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 7	<b>Nonpriority creditor's name and mailing address</b> <b>Hawkeye Comm/Fandel Alarms</b> <b>1485 Hawkeye Drive</b> <b>Hiawatha, IA 52233</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.116 8	<b>Nonpriority creditor's name and mailing address</b> <b>Hawkeye Electric</b> <b>1711 Hawkeye Drive</b> <b>Hiawatha, IA 52233</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.98</b>
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3.116 9	<b>Nonpriority creditor's name and mailing address</b> <b>Hawkeye Fire&amp; Safety Co</b> <b>716 Oakland Road Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 0	<b>Nonpriority creditor's name and mailing address</b> <b>Hayes Beer Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 1	<b>Nonpriority creditor's name and mailing address</b> <b>Hayes Beer Rockford Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 2	<b>Nonpriority creditor's name and mailing address</b> <b>Health and Hospital Corp</b> <b>3840 N Sherman Dr</b> <b>Indianapolis, IN 46226</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.117 3	Nonpriority creditor's name and mailing address <b>Health Missions</b> <b>PO Box 3614</b> <b>Peoria, IL 61614</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 4	Nonpriority creditor's name and mailing address <b>Healy Biodiesel Inc</b> <b>11130 W 47th South</b> <b>Clearwater, KS 67026</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 5	Nonpriority creditor's name and mailing address <b>Heartland Animal Shelter Nfp</b> <b>2975 Milwaukee Ave</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 6	Nonpriority creditor's name and mailing address <b>Heartland Beverage LLC</b> <b>10038 Bode St #3</b> <b>Plainfield, IL 60585</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 7	Nonpriority creditor's name and mailing address <b>Heartland Gaskets Inc</b> <b>848 I Avenue</b> <b>Ogden, IA 50212</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 8	Nonpriority creditor's name and mailing address <b>Heartland Glass Co Inc</b> <b>401 Sundial Dr</b> <b>Waite Park, MN 56387</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.117 9	Nonpriority creditor's name and mailing address <b>Heartland Inc</b> <b>8137 Santa Fe Dr</b> <b>Overland Park, KS 66204</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heather L Posey</b> <b>1721 Accokeek Rd W</b> <b>Accokeek, MD 20607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heather N Roberts</b> <b>3111 Se 19th St</b> <b>Des Moines, IA 50320</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heidelberg Dist Cleveland Fin</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heidelberg Dist Toledo Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heightshillcrest Regional Cham</b> <b>4320 Mayfield Rd</b> <b>Ste 212</b> <b>Cleveland, OH 44121</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Heineken Usa Inc</b> <b>360 Hamilton Ave</b> <b>White Plains, NY 10601</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Hennepin Cnty Environmental</b> <b>Health</b> <b>1011 First St South Ste 215</b> <b>Hopkins, MN 55343</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.118 7	<b>Nonpriority creditor's name and mailing address</b> <b>Hennepin Health Foundation</b> <b>701 Park Ave P1</b> <b>Minneapolis, MN 55415</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.118 8	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Ford Health System</b> <b>1 Ford Place</b> <b>Franklin, MI 48025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.118 9	<b>Nonpriority creditor's name and mailing address</b> <b>Heritage Wine Cellars</b> <b>6600 W Howard St</b> <b>Niles, IL 60714</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 0	<b>Nonpriority creditor's name and mailing address</b> <b>Highest Honor Inc</b> <b>34711 Dequindre Road</b> <b>Troy, MI 48083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 1	<b>Nonpriority creditor's name and mailing address</b> <b>Highway 55 Rental</b> <b>225 Highway 55</b> <b>Hamel, MN 55340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 2	<b>Nonpriority creditor's name and mailing address</b> <b>Hilco Real Estate LLC</b> <b>5 Revere Dr</b> <b>Ste 320</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 3	<b>Nonpriority creditor's name and mailing address</b> <b>Hiller LLC</b> <b>915 Murfreesboro Pike</b> <b>Nashville, TN 37217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,505.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.119 4	Nonpriority creditor's name and mailing address <b>Hinkle Law Firm LLC</b> <b>301 North Main Street</b> <b>Ste 2000</b> <b>Wichita, KS 67202-4820</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 5	Nonpriority creditor's name and mailing address <b>Hm Electronics Inc</b> <b>Jtech</b> <b>1400 Northbrook Pkwy #320</b> <b>Suwanee, GA 30024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$290.00</b>
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3.119 6	Nonpriority creditor's name and mailing address <b>Hms Group Enterprises Inc</b> <b>PO Box 144591</b> <b>Coral Gables, FL 33114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,043.25</b>
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3.119 7	Nonpriority creditor's name and mailing address <b>Hobart Service Corp</b> <b>7330 Ohms Lane</b> <b>Edina, MN 55439</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 8	Nonpriority creditor's name and mailing address <b>Hobart Service Corp</b> <b>18 S 14th Street</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.119 9	Nonpriority creditor's name and mailing address <b>Hobart Service Corp</b> <b>6110 Bluffton Road</b> <b>Fort Wayne, IN 46809-2200</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 0	Nonpriority creditor's name and mailing address <b>Hockenbergs Equip and Supply</b> <b>Co Inc</b> <b>3650 Annapolis Lane Ste 107</b> <b>Plymouth, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.120 1	<b>Nonpriority creditor's name and mailing address</b> <b>Hockenbergs Equipment and Supp</b> <b>14063 Cornhusker Rd</b> <b>Omaha, NE 68138</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,595.00</b>
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3.120 2	<b>Nonpriority creditor's name and mailing address</b> <b>Hockenbergs Omaha</b> <b>PO Box 30156</b> <b>Omaha, NE 68103-1256</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 3	<b>Nonpriority creditor's name and mailing address</b> <b>Hoff Farms Inc</b> <b>11000 S Woodland St</b> <b>Olathe, KS 66061</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 4	<b>Nonpriority creditor's name and mailing address</b> <b>Hoffman Estates Chamber Of Com</b> <b>2200 W Higgins Rd Ste 201</b> <b>Hoffman Estates, IL 60169</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 5	<b>Nonpriority creditor's name and mailing address</b> <b>Hohensteins Inc</b> <b>2330 Venture Dr</b> <b>Woodbury, MN 55125</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 6	<b>Nonpriority creditor's name and mailing address</b> <b>Hollie F Smith</b> <b>3220 Bever Ave</b> <b>Des Moines, IA 50310</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 7	<b>Nonpriority creditor's name and mailing address</b> <b>Holly King</b> <b>4827 Eastwick Dr</b> <b>Fort Wayne, IN 46815</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.120 8	<b>Nonpriority creditor's name and mailing address</b> <b>Holtgard Enterprises Inc</b> <b>3130 Fiechtner Dr Ste E</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.120 9	<b>Nonpriority creditor's name and mailing address</b> <b>Holy Cross Lutheran Church</b> <b>1300 S Sertoma Avenue</b> <b>Sioux Falls, SD 57106</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 0	<b>Nonpriority creditor's name and mailing address</b> <b>Holy Family Catholic Parish In</b> <b>2515 W Palatine Rd</b> <b>Inverness, IL 60067-4567</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 1	<b>Nonpriority creditor's name and mailing address</b> <b>Homeward Animal Shelter</b> <b>1201 28th Ave N</b> <b>Fargo, ND 58102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 2	<b>Nonpriority creditor's name and mailing address</b> <b>Homeward Bound Inc</b> <b>12805 Highway 55 Ste 400</b> <b>Plymouth, MN 55441</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 3	<b>Nonpriority creditor's name and mailing address</b> <b>Honeyman Rental</b> <b>11226 Wright Circle</b> <b>Omaha, NE 68144-4797</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 4	<b>Nonpriority creditor's name and mailing address</b> <b>Hoodmasters Inc</b> <b>19252 Shirley St</b> <b>Omaha, NE 68130</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.121 5	Nonpriority creditor's name and mailing address <b>Hoosier Lawn Services LLC</b> <b>PO Box 15793</b> <b>Fort Wayne, IN 46885</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 6	Nonpriority creditor's name and mailing address <b>Horn Key&amp; Lock</b> <b>701 Conant Street</b> <b>Maumee, OH 43537</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 7	Nonpriority creditor's name and mailing address <b>Hotschedulescom Inc</b> <b>PO Box 848472</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 8	Nonpriority creditor's name and mailing address <b>Hour Acquisition Group LLC</b> <b>5750 New King Dr Ste 100</b> <b>Troy, MI 48098</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.121 9	Nonpriority creditor's name and mailing address <b>House Of Hope Haiti</b> <b>25596 W 270th Street</b> <b>Maryville, MO 64468</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 0	Nonpriority creditor's name and mailing address <b>Howard County Clerk</b> <b>104 N Buckeye St Rm 114</b> <b>Kokomo, IN 46901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 1	Nonpriority creditor's name and mailing address <b>Howe Inc</b> <b>712 E 3rd St</b> <b>Sioux Falls, SD 57103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.122 2	<b>Nonpriority creditor's name and mailing address</b> <b>Hs Posters Inc</b> <b>PO Box 24348</b> <b>Denver, CO 80224</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 3	<b>Nonpriority creditor's name and mailing address</b> <b>Ht Service LLC</b> <b>PO Box 12339</b> <b>Kansas City, MO 64116</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,259.02</b>
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3.122 4	<b>Nonpriority creditor's name and mailing address</b> <b>Htf Solutions LLC</b> <b>PO Box 9040</b> <b>North Saint Paul, MN 55109</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 5	<b>Nonpriority creditor's name and mailing address</b> <b>Huber Supply Company Inc</b> <b>PO Box 1568</b> <b>Mason City, IA 50402</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.65</b>
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3.122 6	<b>Nonpriority creditor's name and mailing address</b> <b>Hubert Distributors Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 7	<b>Nonpriority creditor's name and mailing address</b> <b>Huestis Shiloh</b> <b>3801 N Potter Ave #114</b> <b>Sioux Falls, SD 57107</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.122 8	<b>Nonpriority creditor's name and mailing address</b> <b>Humitech Of Iowa Inc</b> <b>PO Box 1027</b> <b>Waukee, IA 50263-1027</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.123 9	<b>Nonpriority creditor's name and mailing address</b> <b>Hurry Home Hounds Inc</b> <b>77 S Petrie Road</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.123 0	<b>Nonpriority creditor's name and mailing address</b> <b>Hy Vee Inc</b> <b>2200 W Kimberly Rd</b> <b>Davenport, IA 52806</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,409.16</b>
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3.123 1	<b>Nonpriority creditor's name and mailing address</b> <b>Hyg Financial Services Inc</b> <b>PO Box 14545</b> <b>Des Moines, IA 50306-3545</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$553.89</b>
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3.123 2	<b>Nonpriority creditor's name and mailing address</b> <b>I Spinello Locksmiths</b> <b>225-B South 6th Street</b> <b>Rockford, IL 61104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.06</b>
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3.123 3	<b>Nonpriority creditor's name and mailing address</b> <b>194 West Chamber Of Commerce</b> <b>PO Box 95</b> <b>Rogers, MN 55374</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.123 4	<b>Nonpriority creditor's name and mailing address</b> <b>Ibin Lateet</b> <b>2375 Sequoia Grove St</b> <b>Waldorf, MD 20601</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.123 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ice Masters</b> <b>6218 Melrose</b> <b>Shawnee, KS 66203</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$701.57</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Icy Hot Hydration LLC</b> <b>6710 Sw Mcewan Rd</b> <b>Lake Oswego, OR 97035</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,012.25</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Ideal Contracting LLC</b> <b>2525 Clark Street</b> <b>Detroit, MI 48209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Il Assoc For College Admission</b> <b>PO Box 279</b> <b>Mount Prospect, IL 60056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Il State Disbursement Unit</b> <b>PO Box 5400</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois Congress Of Parent Te</b> <b>4700 Barker Ave</b> <b>Rolling Meadows, IL 60008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois Liquor Control</b> <b>Commission</b> <b>100 W Randolph St #7-801</b> <b>Chicago, IL 60601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois Power Marketing</b> <b>23532 Network Place</b> <b>Chicago, IL 60673-1235</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.124 3	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois Secretary Of State</b> <b>501 S 2nd Street</b> <b>Springfield, IL 62756-5510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 4	<b>Nonpriority creditor's name and mailing address</b> <b>Illinois State Treasurer</b> <b>Unclaimed Property Division</b> <b>PO Box 19495</b> <b>Springfield, IL 62794-9495</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 5	<b>Nonpriority creditor's name and mailing address</b> <b>Image Signs Inc</b> <b>7323 N Alpine Rd</b> <b>Loves Park, IL 61111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 6	<b>Nonpriority creditor's name and mailing address</b> <b>Immaculate Conception Church</b> <b>434 Western Ave</b> <b>Toledo, OH 43609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 7	<b>Nonpriority creditor's name and mailing address</b> <b>Imperial Beverage Fintech</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 8	<b>Nonpriority creditor's name and mailing address</b> <b>In The News Inc</b> <b>8517 Sunstate Street</b> <b>Tampa, FL 33634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.124 9	<b>Nonpriority creditor's name and mailing address</b> <b>Inalnd Property Management LLC</b> <b>PO Box 74008648</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.125 0	<b>Nonpriority creditor's name and mailing address</b> <b>Inday Of Sarasota Inc</b> <b>1920 Adams Lane</b> <b>Sarasota, FL 34236</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 1	<b>Nonpriority creditor's name and mailing address</b> <b>Indeed Brewing Company</b> <b>% Nathan Berndt</b> <b>711 15th Avenue Ne</b> <b>Minneapolis, MN 55413</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 2	<b>Nonpriority creditor's name and mailing address</b> <b>Indeed Inc</b> <b>Mail Code 5160</b> <b>PO Box 660367</b> <b>Dallas, TX 75266-0367</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 3	<b>Nonpriority creditor's name and mailing address</b> <b>Independent School District 28</b> <b>4148 Winnetka Ave N</b> <b>New Hope, MN 55427</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 4	<b>Nonpriority creditor's name and mailing address</b> <b>Indiah Ellis</b> <b>5166 Clacton Ave</b> <b>Camp Springs, MD 20746</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 5	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Alcohol and Tobacco Commission</b> <b>302 West Washington St Rm E114</b> <b>Indianapolis, IN 46204</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 6	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana City Brewing Co</b> <b>24 Shelby Street</b> <b>Indianapolis, IN 46202</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.125 7	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Department Of Revenue</b> <b>PO Box 6114</b> <b>Indianapolis, IN 46206-6114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 8	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Fire Sprinkler and Backflow Inc</b> <b>PO Box 85083</b> <b>Fort Wayne, IN 46885</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.125 9	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Michigan Power</b> <b>PO Box 371496</b> <b>Pittsburgh, PA 15250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,093.00</b>
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3.126 0	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Newspapers Inc</b> <b>Unit 1532</b> <b>PO Box 742619</b> <b>Cincinnati, OH 45274-2619</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 1	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Oldsmobile Rockets</b> <b>2107 W Coliseum Blvd</b> <b>Fort Wayne, IN 46808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 2	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana State Central Collection Unit</b> <b>PO Box 6219</b> <b>Indianapolis, IN 46206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 3	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Wholesale In Fintech</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$477.21</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.126 4	<b>Nonpriority creditor's name and mailing address</b> <b>Indiana Wholesale Wine and Loq</b> <b>200 Lumber Center Road</b> <b>Michigan City, IN 46360</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 5	<b>Nonpriority creditor's name and mailing address</b> <b>Indianapolis Chapter Of Indian</b> <b>300 E Fall Creek Pkwy North Dr</b> <b>Indianapolis, IN 46205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 6	<b>Nonpriority creditor's name and mailing address</b> <b>Indianapolis Power and Light</b> <b>Company</b> <b>PO Box 110</b> <b>Indianapolis, IN 46206-0110</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,710.57</b>
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3.126 7	<b>Nonpriority creditor's name and mailing address</b> <b>Indianapolis Softwater Inc</b> <b>4148 W 99th St</b> <b>Carmel, IN 46032</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 8	<b>Nonpriority creditor's name and mailing address</b> <b>Indigo Signworks Inc</b> <b>4133 Iowa Street Ste 100</b> <b>Alexandria, MN 56308</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.126 9	<b>Nonpriority creditor's name and mailing address</b> <b>Industrial Refrigeration Servi</b> <b>613 Se Magazine Rd</b> <b>Ankeny, IA 50021</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.127 0	<b>Nonpriority creditor's name and mailing address</b> <b>Indy Cham</b> <b>111 Monument Circle</b> <b>Suite 1950</b> <b>Indianapolis, IN 46204</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.127 1	<b>Nonpriority creditor's name and mailing address</b> <b>Indy Expos LLC</b> <b>PO Box 3084</b> <b>Carmel, IN 46082</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.127 2	<b>Nonpriority creditor's name and mailing address</b> <b>Indy Visitors Channel LLC</b> <b>6060 Gladden Dr</b> <b>Indianapolis, IN 46220</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.127 3	<b>Nonpriority creditor's name and mailing address</b> <b>Infinite Energy Inc</b> <b>PO Box 71247</b> <b>Charlotte, NC 28272-1247</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$593.04</b>
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3.127 4	<b>Nonpriority creditor's name and mailing address</b> <b>Infinite Self Storagenora</b> <b>8802 Evergreen Ave</b> <b>Indianapolis, IN 46240</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.127 5	<b>Nonpriority creditor's name and mailing address</b> <b>Infosync Services LLC</b> <b>1938 N Woodlawn</b> <b>Wichita, KS 67208</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.127 6	<b>Nonpriority creditor's name and mailing address</b> <b>Inland National Real Estate</b> <b>62903 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
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3.127 7	<b>Nonpriority creditor's name and mailing address</b> <b>Inland Property Management LLC</b> <b>PO Box 74008648</b> <b>Chicago, IL 60674</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,020.81</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.127 8	<b>Nonpriority creditor's name and mailing address</b> <b>Inmoment Inc</b> <b>10355 So Jordan Gateway #600</b> <b>South Jordan, UT 84095</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,166.68</b>
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3.127 9	<b>Nonpriority creditor's name and mailing address</b> <b>Inscu Asfe</b> <b>PO Box 6271</b> <b>Indianapolis, IN 46206-6271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 0	<b>Nonpriority creditor's name and mailing address</b> <b>Insight Mechanical Contractors</b> <b>9204 E 350 Hwy</b> <b>Raytown, MO 64133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 1	<b>Nonpriority creditor's name and mailing address</b> <b>Institute Of Mngt</b> <b>Accountants (Ima)</b> <b>PO Box 780026</b> <b>Philadelphia, PA 19178-0026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 2	<b>Nonpriority creditor's name and mailing address</b> <b>Institution Svcs Inc</b> <b>1421 B Avenue</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 3	<b>Nonpriority creditor's name and mailing address</b> <b>Intelligent Networks Corp</b> <b>2315 Whirlpool Street Ste 394</b> <b>Niagara Falls, NY 14305</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 4	<b>Nonpriority creditor's name and mailing address</b> <b>Internal Revenue Service</b> <b>PO Box 802501</b> <b>Cincinnati, OH 45280</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.128 5	<b>Nonpriority creditor's name and mailing address</b> <b>Internal Revenue Service</b> <b>Levy Processing</b> <b>Cincinnati, OH 45999-0039</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 6	<b>Nonpriority creditor's name and mailing address</b> <b>International Assn Of Fire</b> <b>Fighters Local 644 Inc</b> <b>241 Victory Lane</b> <b>Lincoln, NE 68528</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 7	<b>Nonpriority creditor's name and mailing address</b> <b>International Assn Of Firefigh</b> <b>PO Box 6243</b> <b>Kansas City, KS 66106</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 8	<b>Nonpriority creditor's name and mailing address</b> <b>International Music Camp LLC</b> <b>111 11th Ave Se Ste 3</b> <b>Minot, ND 58701</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.128 9	<b>Nonpriority creditor's name and mailing address</b> <b>International Rett Syndrome Fo</b> <b>4600 Devitt Dr</b> <b>Cincinnati, OH 45248</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 0	<b>Nonpriority creditor's name and mailing address</b> <b>International Tech and Sec Ltd</b> <b>PO Box 3123</b> <b>Davenport, IA 52808</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 1	<b>Nonpriority creditor's name and mailing address</b> <b>Internet Protocol Communicatio</b> <b>1521 Windsor Rd</b> <b>Loves Park, IL 61111</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.129 2	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Cleaning Mgmt Inc</b> <b>PO Box 26</b> <b>Minnetonka Beach, MN 55361-0026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,774.08</b>
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3.129 3	<b>Nonpriority creditor's name and mailing address</b> <b>Intl Assn Of Firefighters Loca</b> <b>101 S Fairfax</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 4	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa American Water</b> <b>PO Box 3027</b> <b>Milwaukee, WI 53201-3027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 5	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Audio Video Inc</b> <b>1510 Nw 86th Street</b> <b>Clive, IA 50325</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 6	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Beverage Systems Inc</b> <b>2115 Ne 58th Avenue</b> <b>Des Moines, IA 50313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$144.20</b>
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3.129 7	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Brewing Company LLC</b>  <b>Cedar Rapids, IA 52401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.129 8	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Department Of Revenue</b> <b>Cadministrative Wage Levy</b> <b>PO Box 10330</b> <b>Des Moines, IA 50306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.129 9	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Events Center</b> <b>730 Third Street</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 0	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Fire Equipment</b> <b>2800 Delaware Ave</b> <b>Des Moines, IA 50317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 1	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Pump Works Inc</b> <b>PO Box 945</b> <b>Ankeny, IA 50023</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 2	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Wild Hockey Club LLC</b> <b>730 Third St</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 3	<b>Nonpriority creditor's name and mailing address</b> <b>IPFS Corporation</b> <b>24722 Network Place</b> <b>Chicago, IL 60673-1247</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 4	<b>Nonpriority creditor's name and mailing address</b> <b>IRT Svcs</b> <b>PO Box 5596</b> <b>Coralville, IA 52241</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226.84</b>
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3.130 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ispace</b> <b>811 Glenwood Avenue</b> <b>Minneapolis, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.130 6	<b>Nonpriority creditor's name and mailing address</b> <b>Isza B Pallozola</b> <b>522 Gilead Dr</b> <b>Chesterfield, MO 63017</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 7	<b>Nonpriority creditor's name and mailing address</b> <b>Itek Services Inc.</b> <b>25501 Arctic Ocean Dr</b> <b>Lake Forest, CA 92630</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 8	<b>Nonpriority creditor's name and mailing address</b> <b>Its Interactive Media LLC</b> <b>5122 Heatherdowns Blvd</b> <b>Ste 105</b> <b>Toledo, OH 43614</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.130 9	<b>Nonpriority creditor's name and mailing address</b> <b>ITW Food Equipment Group LLC</b> <b>PO Box 2517</b> <b>Carol Stream, IL 60132</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.131 0	<b>Nonpriority creditor's name and mailing address</b> <b>Ivan Salgado</b> <b>8911 Westridge Dr</b> <b>Omaha, NE 68124</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.131 1	<b>Nonpriority creditor's name and mailing address</b> <b>Ivy Endowment Inc</b> <b>PO Box 88474</b> <b>Indianapolis, IN 46208</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.131 2	<b>Nonpriority creditor's name and mailing address</b> <b>J and Ds Creative Colors Of No</b> <b>PO Box 1814</b> <b>Mishawaka, IN 46546</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J and J Mezz LLC</b> <b>8226 Neal Rd Ste 2</b> <b>Arrington, TN 37014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,531.21</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J and M Maintenance and Repair</b> <b>PO Box 165927</b> <b>Miami, FL 33116-5927</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$199.00</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J and R Maher Inc</b> <b>852 44th St Se</b> <b>Cedar Rapids, IA 52403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$401.25</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J and S Liquid Waste Svcs Inc</b> <b>4030 Option Pass</b> <b>Fort Wayne, IN 46818</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J and S Plumbing and Drain Cle</b> <b>18541 Davidson</b> <b>Fraser, MI 48026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J B Specialty Svcs LLC</b> <b>2447 Verona Caney Rd</b> <b>Lewisburg, TN 37091</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>J Heidi Newman</b> <b>3807 E 3rd St K Ave</b> <b>Bloomington, IN 47401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.132 0	Nonpriority creditor's name and mailing address <b>J N K Gasket Guys</b> <b>18051 Promise Rd</b> <b>Noblesville, IN 46060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 1	Nonpriority creditor's name and mailing address <b>Jack Leviere</b> <b>371 Rochester Road</b> <b>Pittsburgh, PA 15237</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 2	Nonpriority creditor's name and mailing address <b>Jack Stone Sign Co Inc</b> <b>3131 Pennsy Drive</b> <b>Landover, MD 20785</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 3	Nonpriority creditor's name and mailing address <b>Jacob A Razor</b> <b>11867 N Shelby 700 W</b> <b>New Palestine, IN 46163</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 4	Nonpriority creditor's name and mailing address <b>Jacob Kruse</b> <b>4310 10th Ave S Apt 102</b> <b>Fargo, ND 58103-2017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 5	Nonpriority creditor's name and mailing address <b>Jacob Sampson</b> <b>4286 Meghan Lane</b> <b>Eagan, MN 55122</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.132 6	Nonpriority creditor's name and mailing address <b>Jacob Smith</b> <b>444 East Street</b> <b>Northville, MI 48167</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jacobs Benefit</b> <b>PO Box 24</b> <b>Hartford, SD 57033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jacqueline Uhlik</b> <b>6170 Saint Joseph Drive</b> <b>Seven Hills, OH 44131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jada C Kuhec</b> <b>4348 W 150th St</b> <b>Midlothian, IL 60445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jake Kruse</b> <b>1509 Marshall St</b> <b>Boone, IA 50036</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jake Taft</b> <b>5600 Jersey Ridge Rd Apt N7</b> <b>Davenport, IA 52807-5280</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>James Chambers</b> <b>6256 Pennsbury Rd</b> <b>Cherry Valley, IL 61016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>James Ferrari and Sons Inc</b> <b>148 N Groesbeck Ste A</b> <b>Mount Clemens, MI 48043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$247.50</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.133 4	<b>Nonpriority creditor's name and mailing address</b> <b>James Fitt</b> <b>1305 Appl3 Ridge Ct</b> <b>South Bend, IN 46614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.133 5	<b>Nonpriority creditor's name and mailing address</b> <b>James I Roberts</b> <b>5280 15th Ave Se</b> <b>Saint Cloud, MN 56304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.133 6	<b>Nonpriority creditor's name and mailing address</b> <b>James Kallish</b> <b>5820 Oakwood Dr 2a</b> <b>Lisle, IL 60532</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.133 7	<b>Nonpriority creditor's name and mailing address</b> <b>James Kinzey</b> <b>28219 Hughes Ave</b> <b>Saint Clair Shores, MI 48081</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.133 8	<b>Nonpriority creditor's name and mailing address</b> <b>James L Cook</b> <b>11402 Hennessey Dr</b> <b>Beltsville, MD 20705</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.133 9	<b>Nonpriority creditor's name and mailing address</b> <b>James Longtin</b> <b>1746 52nd Street S</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 0	<b>Nonpriority creditor's name and mailing address</b> <b>James Mitchell</b> <b>5750 N Brookwood Dr</b> <b>Fort Wayne, IN 46835</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.134 1	<b>Nonpriority creditor's name and mailing address</b> <b>James P Toomey</b> <b>5422 Pine Lane</b> <b>North Branch, MN 55056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 2	<b>Nonpriority creditor's name and mailing address</b> <b>James Patrick Kirk</b> <b>13240 Sw 105th Street</b> <b>Miami, FL 33186</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 3	<b>Nonpriority creditor's name and mailing address</b> <b>James Reinert</b> <b>12388 Tributary</b> <b>Miami, FL 33186</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 4	<b>Nonpriority creditor's name and mailing address</b> <b>James Whitcomb Riley Memorial</b> <b>30 S Meridian St</b> <b>Indianapolis, IN 40204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jameson B Bolish</b> <b>1809 Lakewood</b> <b>Troy, MI 48083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 6	<b>Nonpriority creditor's name and mailing address</b> <b>Jamf Holdings Inc and Subsidiaries</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
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3.134 7	<b>Nonpriority creditor's name and mailing address</b> <b>Jamie Fiorenza</b> <b>2821 Concordia Dr</b> <b>Rockford, IL 61109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.134 8	<b>Nonpriority creditor's name and mailing address</b> <b>Jamz Johnson</b> <b>2895 Hawk Ridge Road</b> <b>Prior Lake, MN 55372</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.134 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jan Michael Tull</b> <b>5403 398th St</b> <b>Rice, MN 56367</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 0	<b>Nonpriority creditor's name and mailing address</b> <b>Jani King Of Miami Inc</b> <b>PO Box 100649</b> <b>Atlanta, GA 30384-0649</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 1	<b>Nonpriority creditor's name and mailing address</b> <b>Janice Herman</b> <b>15330 E 85th St N</b> <b>Benton, KS 67017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 2	<b>Nonpriority creditor's name and mailing address</b> <b>Janiking Of Kansas</b> <b>14821 W 95th St</b> <b>Lenexa, KS 66215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,568.00</b>
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3.135 3	<b>Nonpriority creditor's name and mailing address</b> <b>Japhet School Inc</b> <b>839 S Crooks Rd</b> <b>Clawson, MI 48017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 4	<b>Nonpriority creditor's name and mailing address</b> <b>Jared Hess</b> <b>2203 Spur Point Dr Apt I</b> <b>Indianapolis, IN 46217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.135 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Gayed</b> <b>9500 Holdrege St</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 6	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Jenkins</b> <b>1715 Peachtree Lane</b> <b>Bowie, MD 20721</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 7	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Johnson</b> <b>751 58th Ave Ne</b> <b>Minneapolis, MN 55432</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.135 8	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Lechner</b> <b>904 W 155th Street</b> <b>Burnsville, MN 55306</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.135 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Oliver Weaver</b> <b>12445 Whisper Creek Ct</b> <b>Charlotte Hall, MD 20622</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 0	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Phillips</b> <b>1920 Jacaranda Ave</b> <b>Fort Pierce, FL 34949</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 1	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Ries</b> <b>833 S 13th, 3</b> <b>Lincoln, NE 68502</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.136 2	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Rinehart</b> <b>1257 Kirts Blvd Apt 211</b> <b>Troy, MI 48084</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 3	<b>Nonpriority creditor's name and mailing address</b> <b>Jason Tarasiewicz</b> <b>150 River Park Place</b> <b>Dundee, MI 48131</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 4	<b>Nonpriority creditor's name and mailing address</b> <b>Jax Management Inc</b> <b>3245 H East Patrick Ln</b> <b>Las Vegas, NV 89120</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jay Fedde</b> <b>20013 Pearl St</b> <b>Elkhorn, NE 68022</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 6	<b>Nonpriority creditor's name and mailing address</b> <b>Jayhawk Fire Sprinkler Co Inc</b> <b>12030 S Hedge Lane Terrace</b> <b>Olathe, KS 66061</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 7	<b>Nonpriority creditor's name and mailing address</b> <b>Jc Dillon Inc</b> <b>1515 W Luthy Dr</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.136 8	<b>Nonpriority creditor's name and mailing address</b> <b>Jd Harris</b> <b>630 North 4th Street</b> <b>Le Claire, IA 52753</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.136 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jdrf Intl</b> <b>26 Broadway 14th Floor</b> <b>New York, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 0	<b>Nonpriority creditor's name and mailing address</b> <b>Jean Marie Muscarello</b> <b>3210 E Ft Lowell Road</b> <b>Ste 104</b> <b>Tucson, AZ 85716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,389.39</b>
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3.137 1	<b>Nonpriority creditor's name and mailing address</b> <b>Jeannette Garcia</b> <b>12020 W 85 St N</b> <b>Valley Center, KS 67147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 2	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff Berlin</b> <b>645 Dunsten Cr</b> <b>Northbrook, IL 60062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 3	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff Castora</b> <b>19907 Abigail Ln</b> <b>Strongsville, OH 44149</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 4	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff Crane</b> <b>16476 Dodd Ln</b> <b>Lakeville, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jeff Rager</b> <b>1008 Dockway Drive</b> <b>Huron, OH 44839</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.137 6	Nonpriority creditor's name and mailing address <b>Jeff Stoddard</b> <b>1513 Gettysburg Ave N</b> <b>Minneapolis, MN 55427</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 7	Nonpriority creditor's name and mailing address <b>Jeff Stotler</b> <b>2120 N 58th</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 8	Nonpriority creditor's name and mailing address <b>Jeffery Paul Moberg</b> <b>1905 N Mable</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.137 9	Nonpriority creditor's name and mailing address <b>Jeffrey N Romness</b> <b>8536 Clinton Ave South</b> <b>Minneapolis, MN 55420</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 0	Nonpriority creditor's name and mailing address <b>Jeffrey Robert Langeland</b> <b>1970 11th Ave E</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 1	Nonpriority creditor's name and mailing address <b>Jeffer Plumbing Inc</b> <b>750 34th Street N</b> <b>Unit J</b> <b>Fargo, ND 58102</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.00</b>
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3.138 2	Nonpriority creditor's name and mailing address <b>Jen Kopperud</b> <b>1339 12th Ave S</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.138 3	<b>Nonpriority creditor's name and mailing address</b> <b>Jenna Emerson</b> <b>7701 Townsend Ave</b> <b>Urbandale, IA 50322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 4	<b>Nonpriority creditor's name and mailing address</b> <b>Jenna Perez</b> <b>2020 Rindle Ct</b> <b>Murfreesboro, TN 37129-4071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Greene</b> <b>2221 Euclid Ave</b> <b>Beloit, WI 53511</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 6	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Knutson</b> <b>25888 80th Street Nw</b> <b>Brooklyn, MN 56316</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 7	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Wulf</b> <b>2038 N Elsie Ave</b> <b>Davenport, IA 52804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.138 8	<b>Nonpriority creditor's name and mailing address</b> <b>Jerel Scott Fuller</b> <b>6723 Knoll St</b> <b>Minneapolis, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
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3.138 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jeremy Beard</b> <b>877 Savanna Ave</b> <b>Saint Cloud, MN 56303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.139 0	<b>Nonpriority creditor's name and mailing address</b> <b>Jeremy Jansen</b> <b>2748 E 53rd St Apt 6</b> <b>Davenport, IA 52807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 1	<b>Nonpriority creditor's name and mailing address</b> <b>Jerica Wiborg</b> <b>200 Dickman Rd #190</b> <b>Des Moines, IA 50315</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 2	<b>Nonpriority creditor's name and mailing address</b> <b>Jesse Taucher</b> <b>63 Locust St</b> <b>Burgettstown, PA 15021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 3	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica Myers</b> <b>2624 16th St</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 4	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica R Matykiewicz</b> <b>4721 W 124th St</b> <b>Savage, MN 55378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 5	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica Schroeder</b> <b>50 4th Ave N 31</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.139 6	<b>Nonpriority creditor's name and mailing address</b> <b>Jessie S Field</b> <b>706 Three Rivers North</b> <b>Fort Wayne, IN 46802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.139 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jetco Inc</b> <b>208 1st Ave South</b> <b>Altoona, IA 50009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.139 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jewell Farm and Home LLC</b> <b>720 Main</b> <b>Jewell, IA 50130</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.17</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.139 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jf Ahern Co Inc</b> <b>Attn Accounts Recievable</b> <b>PO Box 1316</b> <b>Fond Du Lac, WI 54936-1316</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.140 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jihan Bailey</b> <b>8242 Marcus</b> <b>Detroit, MI 48213</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.140 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jill Schulte</b> <b>27734 W Drake Drive, Apt. 40</b> <b>Channahon, IL 60410</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.140 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jill Tschetter</b> <b>626 W 15th</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.140 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Jim A Gehrmann</b> <b>2648 Kenneth Ct</b> <b>Sun Prairie, WI 53590</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.140 4	Nonpriority creditor's name and mailing address <b>Jim Lahood Construction Inc</b> <b>802 South 50th Ave</b> <b>Omaha, NE 68106</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140 5	Nonpriority creditor's name and mailing address <b>Jim Lussier</b> <b>3433 Leflore Court</b> <b>Verona, WI 53593</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140 6	Nonpriority creditor's name and mailing address <b>Jj Keller and Associates Inc</b> <b>PO Box 6609</b> <b>Carol Stream, IL 60197-6609</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140 7	Nonpriority creditor's name and mailing address <b>Jm and P LLC</b> <b>PO Box 640814</b> <b>Cincinnati, OH 45264-0814</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140 8	Nonpriority creditor's name and mailing address <b>Joann Blehi</b> <b>4478 Parade Street</b> <b>Pittsburgh, PA 15207</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140 9	Nonpriority creditor's name and mailing address <b>Joe Kenny</b> <b>1001 North 102nd St</b> <b>Omaha, NE 68114</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 0	Nonpriority creditor's name and mailing address <b>Joe McKee</b> <b>1707 Forest Cove Dr Unit 102</b> <b>Mount Prospect, IL 60056</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.141 1	<b>Nonpriority creditor's name and mailing address</b> <b>Joe Miller</b> <b>36401 Jefferson Court</b> <b>Farmington, MI 48335</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 2	<b>Nonpriority creditor's name and mailing address</b> <b>John C Van Ede and</b> <b>Rochelle M Van Ede</b> <b>22792 140th St</b> <b>Wilmont, MN 56185</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 3	<b>Nonpriority creditor's name and mailing address</b> <b>John D Hurst</b> <b>4232 Linden Hills Blvd</b> <b>Minneapolis, MN 55410</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 4	<b>Nonpriority creditor's name and mailing address</b> <b>John Hancock Retirement</b> <b>Plan Svcs</b> <b>PO Box 2495</b> <b>Carol Stream, IL 60132-2495</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 5	<b>Nonpriority creditor's name and mailing address</b> <b>John Henry Building Svcs LLC</b> <b>320 Old Hickory Blvd Ste 1600</b> <b>Nashville, TN 37221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,020.00</b>
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3.141 6	<b>Nonpriority creditor's name and mailing address</b> <b>John Henrys Plumb Co</b> <b>2949 Cornhusker Way</b> <b>Lincoln, NE 68504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 7	<b>Nonpriority creditor's name and mailing address</b> <b>John Kulasa</b> <b>14258 Pernell</b> <b>Sterling Heights, MI 48313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.141 8	<b>Nonpriority creditor's name and mailing address</b> <b>John Nagengast Doors LLC</b> <b>4971 Kassel Ave Ne</b> <b>Albertville, MN 55301</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141 9	<b>Nonpriority creditor's name and mailing address</b> <b>John Pierre Jr</b> <b>13954 Sw 106th Terrace</b> <b>Miami, FL 33186</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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3.142 0	<b>Nonpriority creditor's name and mailing address</b> <b>John R Gohn</b> <b>460 Franklin Rd</b> <b>Franklin, TN 37069</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142 1	<b>Nonpriority creditor's name and mailing address</b> <b>John W Walker</b> <b>5604 Virginia Lane</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142 2	<b>Nonpriority creditor's name and mailing address</b> <b>John Whitmore</b> <b>4134 E 136th St</b> <b>Cleveland, OH 44105</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142 3	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Bros</b> <b>6600 Merle Hay Rd</b> <b>Johnston, IA 50131</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,293.90</b>
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3.142 4	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Bros</b> <b>300 E 50 Street N</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.142 5	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Brothers Of North Dako</b> <b>PO Box 9095</b> <b>Fargo, ND 58106-9095</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142 6	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Brothers Omaha Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,559.30</b>
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3.142 7	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Brothers St Paul Fn</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,743.11</b>
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3.142 8	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson County Equipment and P</b> <b>1530 E Spruce St</b> <b>Olathe, KS 66061</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jonathon Luca</b> <b>1550 Shevlin</b> <b>Ferndale, MI 48220</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 0	<b>Nonpriority creditor's name and mailing address</b> <b>Jordan Tax Service</b> <b>102 Rahway Road</b> <b>Mcmurray, PA 15317</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 1	<b>Nonpriority creditor's name and mailing address</b> <b>Jordann Balaich</b> <b>3274 W Tischer Rd</b> <b>Duluth, MN 55803</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.143 2	<b>Nonpriority creditor's name and mailing address</b> <b>Jorge Dall Orto</b> <b>200 American Way</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 3	<b>Nonpriority creditor's name and mailing address</b> <b>Jose Galvez</b> <b>5780 N Ewing St</b> <b>Indianapolis, IN 46220</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 4	<b>Nonpriority creditor's name and mailing address</b> <b>Joseph Burkart</b> <b>2879 Royal Ave</b> <b>Berkley, MI 48072</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 5	<b>Nonpriority creditor's name and mailing address</b> <b>Joseph Mullarkey Distributors</b> <b>Inc</b> <b>2200 Ridge Drive</b> <b>Glenview, IL 60025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 6	<b>Nonpriority creditor's name and mailing address</b> <b>Joseph S Turco</b> <b>755 Wildflower Circle</b> <b>Naperville, IL 60540</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 7	<b>Nonpriority creditor's name and mailing address</b> <b>Josh Ochoa</b> <b>2620 S 70th St #111</b> <b>Lincoln, NE 68506</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143 8	<b>Nonpriority creditor's name and mailing address</b> <b>Josh Williams</b> <b>7940 Colby Street</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.143 9	<b>Nonpriority creditor's name and mailing address</b> <b>Joshua Keen</b> <b>3876 Melby Ave</b> <b>Saint Michael, MN 55376</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 0	<b>Nonpriority creditor's name and mailing address</b> <b>Josie Hensley</b> <b>15085 W 119th St</b> <b>Olathe, KS 66062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 1	<b>Nonpriority creditor's name and mailing address</b> <b>Jp Electric Inc</b> <b>5403 Meadow View Close</b> <b>Rockford, IL 61102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 2	<b>Nonpriority creditor's name and mailing address</b> <b>Jp Parker Company LLC</b> <b>377 E Jefferson St Ste A</b> <b>Franklin, IN 46131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 3	<b>Nonpriority creditor's name and mailing address</b> <b>Js Paluch Co</b> <b>PO Box 2703</b> <b>Acct 1276717</b> <b>Schiller Park, IL 60176</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 4	<b>Nonpriority creditor's name and mailing address</b> <b>Juan Nunez</b> <b>1075 Higgins Quarters Dr</b> <b>206</b> <b>Hoffman Estates, IL 60169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 5	<b>Nonpriority creditor's name and mailing address</b> <b>Julia Griffin</b> <b>2874 Meadow Lane Unit W2</b> <b>Schaumburg, IL 60193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.144 6	<b>Nonpriority creditor's name and mailing address</b> <b>Julia I Fitzgerald</b> <b>202 Natchez Trace</b> <b>Madison, WI 53705</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 7	<b>Nonpriority creditor's name and mailing address</b> <b>Julia K Campoli</b> <b>60549 Whispering Hills Dr</b> <b>South Bend, IN 46614</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 8	<b>Nonpriority creditor's name and mailing address</b> <b>Julian Anthony Re Martin</b> <b>1227 1/2 N Tacoma Ave</b> <b>Indianapolis, IN 46201</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144 9	<b>Nonpriority creditor's name and mailing address</b> <b>Julian Gaytan Cintora</b> <b>2414 N Idaho Street</b> <b>Peoria, IL 61604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 0	<b>Nonpriority creditor's name and mailing address</b> <b>Julian Magennis</b> <b>11909 Main Street</b> <b>Maple Grove, MN 55369</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 1	<b>Nonpriority creditor's name and mailing address</b> <b>Julio Maravilla</b> <b>1207 N Lasalle St</b> <b>Indianapolis, IN 46201</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 2	<b>Nonpriority creditor's name and mailing address</b> <b>Junior League Of Sioux Falls I</b> <b>1000n West Ave Ste 225</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.145 3	<b>Nonpriority creditor's name and mailing address</b> <b>Justice Fire and Safety</b> <b>3601 N Potsdam Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 4	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Christenson</b> <b>3881 Brant Grove Dr</b> <b>Sioux Falls, SD 57106</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 5	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Morris</b> <b>42 Trotter Lane</b> <b>Clinton, PA 15026</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 6	<b>Nonpriority creditor's name and mailing address</b> <b>Justin R Larsen</b> <b>2338 North 113th Street</b> <b>Omaha, NE 68164</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 7	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Samueloff</b> <b>14943 Stoney Brook</b> <b>Shelby Twp, MI 48315</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 8	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Sanford</b> <b>3301 Highway 169 N Apt 316</b> <b>Plymouth, MN 55441</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.145 9	<b>Nonpriority creditor's name and mailing address</b> <b>Jw Koehler Electric Inc</b> <b>2716 W Central Park Ave</b> <b>Davenport, IA 52804</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.146 0	<b>Nonpriority creditor's name and mailing address</b> <b>K &amp; Z Distrib</b> <b>PO Box 29289</b> <b>Lincoln, NE 68507</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$726.00</b>
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3.146 1	<b>Nonpriority creditor's name and mailing address</b> <b>K and J Phillips Inc</b> <b>526 W 5th Ave</b> <b>Naperville, IL 60563</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146 2	<b>Nonpriority creditor's name and mailing address</b> <b>K9 Kindness Rescue Inc</b> <b>4209 Rodeo Road</b> <b>Davenport, IA 52806</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146 3	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Board</b> <b>Of Public Utilities</b> <b>PO Box 219661</b> <b>Kansas City, MO 64121-9661</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,066.28</b>
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3.146 4	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Mo Health Dept</b> <b>Food Protection Program</b> <b>2400 Troost Suite 3200</b> <b>Kansas City, MO 64108</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146 5	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Power &amp; Light</b> <b>PO Box 219330</b> <b>Kansas City, MO 64121-9330</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,858.90</b>
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3.146 6	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas City Zoo Aazk Chapter I</b> <b>6800 Zoo Drive</b> <b>Kansas City, MO 64132</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.146 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas Payment Center</b> <b>PO Box 758599</b> <b>Topeka, KS 66675</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kansas State Treasurer</b> <b>900 Sw Jackson 2nd Floor</b> <b>Suite 201</b> <b>Topeka, KS 66612-1235</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.146 9	<b>Nonpriority creditor's name and mailing address</b> <b>Kara O King Entertainment LLC</b> <b>4642 Sw 74th Ave</b> <b>Miami, FL 33155</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.00</b>
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3.147 0	<b>Nonpriority creditor's name and mailing address</b> <b>Karen Mincheff</b> <b>145 Woodland Drive</b> <b>Oak Brook, IL 60523</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 1	<b>Nonpriority creditor's name and mailing address</b> <b>Kari Deweese</b> <b>1801 Central Ave</b> <b>Detroit, MI 48209</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 2	<b>Nonpriority creditor's name and mailing address</b> <b>Karlsburger Foods Inc</b> <b>3236 Chelsea Road West</b> <b>Monticello, MN 55362</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,136.57</b>
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3.147 3	<b>Nonpriority creditor's name and mailing address</b> <b>Karolyis Inc</b> <b>24521 Dale Ave</b> <b>Eastpointe, MI 48021</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.147 4	<b>Nonpriority creditor's name and mailing address</b> <b>Katelyn L Heisinger</b> <b>1200 S Dakota Avenue</b> <b>2</b> <b>Sioux Falls, SD 57105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 5	<b>Nonpriority creditor's name and mailing address</b> <b>Katherine E Ingle</b> <b>1854 Nw 150th Ct</b> <b>Clive, IA 50325</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 6	<b>Nonpriority creditor's name and mailing address</b> <b>Kathryn A Tarbell</b> <b>237 S Highland Ave</b> <b>1</b> <b>Arlington Heights, IL 60005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kathryn Miller</b> <b>8350 N Spruce Ave</b> <b>Kansas City, MO 64119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kathy Crowell</b> <b>2324 N Plumthicket Circle</b> <b>Wichita, KS 67226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.147 9	<b>Nonpriority creditor's name and mailing address</b> <b>Katie Crawley</b> <b>102 Bluebell Way</b> <b>Franklin, TN 37064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.148 0	<b>Nonpriority creditor's name and mailing address</b> <b>Katie Koppang</b> <b>150 14th Ave S</b> <b>South Saint Paul, MN 55075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Katten Muchin Rosenman Llp</b> <b>525 W Monroe St</b> <b>Chicago, IL 60661-3693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kayla M Wyckoff</b> <b>525 Riverside Ave</b> <b>Fort Wayne, IN 46805</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kaylee Ann Montag</b> <b>8410 N II Rt 2</b> <b>Byron, IL 61010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kbs Gk Fund li Lp</b> <b>PO Box 856664</b> <b>Minneapolis, MN 55485-6664</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,159.55</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kck Cham</b> <b>727 Minnesota Ave</b> <b>Kansas City, KS 66101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kcmo City Treasurer</b> <b>PO Box 809026</b> <b>Kansas City, MO 64180-9026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Kcmo City Treasurer</b> <b>Fire Prevention Division</b> <b>635 Woodland Ave Ste 2103</b> <b>Kansas City, MO 64106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.148 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kcmo Water Svcs Department</b> <b>PO Box 807045</b> <b>Kansas City, MO 64180-7045</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,421.55</b>
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3.148 9	<b>Nonpriority creditor's name and mailing address</b> <b>Keagan McGinness</b> <b>2319 36th St</b> <b>Des Moines, IA 50310</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 0	<b>Nonpriority creditor's name and mailing address</b> <b>Keg Logistics Holdings LLC</b> <b>PO Box 912908</b> <b>Denver, CO 80291</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 1	<b>Nonpriority creditor's name and mailing address</b> <b>Kehmari Norman</b> <b>700 51st Street Ne Apt 301</b> <b>Washington, DC 20019</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 2	<b>Nonpriority creditor's name and mailing address</b> <b>Keith M Turner</b> <b>10349 Hornton St</b> <b>Indianapolis, IN 46236</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 3	<b>Nonpriority creditor's name and mailing address</b> <b>Keith Moss</b> <b>2607 Knapp Street</b> <b>Ames, IA 50014</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 4	<b>Nonpriority creditor's name and mailing address</b> <b>Keller and Keller Law Office</b> <b>PO Box 1010</b> <b>Waldorf, MD 20604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.149 5	<b>Nonpriority creditor's name and mailing address</b> <b>Keller Fire and Safety Inc</b> <b>1138 Kansas Ave</b> <b>Kansas City, KS 66105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,303.61</b>
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3.149 6	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Diaz</b> <b>325 N Kerch Street</b> <b>Brooklyn, WI 53521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Glass Inc</b> <b>2400 Sw Adams St</b> <b>Peoria, IL 61602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Howie</b> <b>14586 Leblanc Ave</b> <b>Allen Park, MI 48101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.149 9	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Kinsman</b> <b>225 William St</b> <b>East Peoria, IL 61611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 0	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Satter</b> <b>2211 Griffith St</b> <b>Lincoln, NE 68503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 1	<b>Nonpriority creditor's name and mailing address</b> <b>Kelsey Jones</b> <b>10812 Cleveland Ave</b> <b>Kansas City, KS 66109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.150 2	Nonpriority creditor's name and mailing address <b>Kelsey Kowalski</b> <b>9319 Harpers Ct Ne</b> <b>Blaine, MN 55449</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 3	Nonpriority creditor's name and mailing address <b>Kendall County Circuit Court</b> <b>807 W John St</b> <b>Chicago, IL 60660</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 4	Nonpriority creditor's name and mailing address <b>Kendall Tews</b> <b>1722 Detroit</b> <b>Ellsworth, IA 50075</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 5	Nonpriority creditor's name and mailing address <b>Kerry Patrick Clark</b> <b>1614 River Road</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 6	Nonpriority creditor's name and mailing address <b>Kevin Currier</b> <b>2717 N 66th St</b> <b>Omaha, NE 68104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 7	Nonpriority creditor's name and mailing address <b>Kevin J Botka</b> <b>1207 Wood Edge Cir</b> <b>Bristol, IN 46507</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.150 8	Nonpriority creditor's name and mailing address <b>Khadijah J Wells</b> <b>1644 Richmond Rd Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.150 9	<b>Nonpriority creditor's name and mailing address</b> <b>Kiara C Schafer</b> <b>3707 73rd St E</b> <b>Inver Grove Heights, MN 55076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 0	<b>Nonpriority creditor's name and mailing address</b> <b>Kiehl L Gold</b> <b>1025 Donnie Court</b> <b>Lincoln, NE 68522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 1	<b>Nonpriority creditor's name and mailing address</b> <b>Kim Menge</b> <b>3330 Pilot Knob Rd</b> <b>Eagan, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 2	<b>Nonpriority creditor's name and mailing address</b> <b>Kingdom State Church Inc</b> <b>PO Box 775185</b> <b>Saint Louis, MO 63177</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 3	<b>Nonpriority creditor's name and mailing address</b> <b>Kingsmen Cleaning</b> <b>6818 Laurel Ave</b> <b>Omaha, NE 68104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 4	<b>Nonpriority creditor's name and mailing address</b> <b>Kirby Water Conditioning</b> <b>200 S 14th Ave</b> <b>Eldridge, IA 52748</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.44</b>
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3.151 5	<b>Nonpriority creditor's name and mailing address</b> <b>Kirshenbaum Bond Senecal and P</b> <b>160 Varick St</b> <b>New York, NY 10013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.151 6	<b>Nonpriority creditor's name and mailing address</b> <b>Kirsten Keding</b> <b>610 Parkview Dr</b> <b>New Richmond, WI 54017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kitty Cat Connection Inc</b> <b>4600 E 63rd Street Trfwy</b> <b>Smithville, MO 64089</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kiwanis Charities Of Rockford</b> <b>PO Box 8472</b> <b>Rockford, IL 61126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.151 9	<b>Nonpriority creditor's name and mailing address</b> <b>Klabundes Delivery Inc</b> <b>8555 Izard Street</b> <b>Omaha, NE 68114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$209.00</b>
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3.152 0	<b>Nonpriority creditor's name and mailing address</b> <b>Klosterman Baking Co</b> <b>PO Box 712572</b> <b>Cincinnati, OH 45271-2572</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$738.15</b>
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3.152 1	<b>Nonpriority creditor's name and mailing address</b> <b>Knights Of Columbus</b> <b>4620 Haviland Ct</b> <b>Naperville, IL 60564</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 2	<b>Nonpriority creditor's name and mailing address</b> <b>Knights Of Columbus</b> <b>6254 Valley Knoll Dr</b> <b>Rockford, IL 61109-9718</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$390.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.152 3	<b>Nonpriority creditor's name and mailing address</b> <b>Knights Of Columbus</b> <b>Saint Fabian Council 13362</b> <b>32200 W Telegraph Rd</b> <b>Farmington Hills, MI 48334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 4	<b>Nonpriority creditor's name and mailing address</b> <b>Knights Of Columbus Hoffman</b> <b>Schaumburg Council 6964</b> <b>PO Box 68035</b> <b>Schaumburg, IL 60168</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 5	<b>Nonpriority creditor's name and mailing address</b> <b>Knowresolve</b> <b>PO Bxo 380435</b> <b>Clinton Township, MI 48038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 6	<b>Nonpriority creditor's name and mailing address</b> <b>Knox and Barnes Custom Shop LL</b> <b>5223 Decatur Rd</b> <b>Fort Wayne, IN 46806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 7	<b>Nonpriority creditor's name and mailing address</b> <b>Koehlinger Security Technology</b> <b>Inc</b> <b>421 East Washington Blvd</b> <b>Fort Wayne, IN 46802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kolortech Lighting LLC</b> <b>PO Box 68</b> <b>Sheridan, IN 46069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.152 9	<b>Nonpriority creditor's name and mailing address</b> <b>Konica Minolta Business Soluti</b> <b>21146 Network Place</b> <b>Chicago, IL 60673-1211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.153  
0

Nonpriority creditor's name and mailing address

**Konica Minolta Business Soluti  
Dept Ch 19188  
Palatine, IL 60055-9188**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153  
1

Nonpriority creditor's name and mailing address

**Konica Minolta Premier  
PO Box 41602  
Philadelphia, PA 19101-1602**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$944.69**

3.153  
2

Nonpriority creditor's name and mailing address

**Koorsen Fire and Security Inc  
2719 N Arlington Ave  
Indianapolis, IN 46218**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153  
3

Nonpriority creditor's name and mailing address

**Kory Donaldson  
437 E Washington St  
East Peoria, IL 61611**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153  
4

Nonpriority creditor's name and mailing address

**Kothrade Sewer Water and  
Excavating Inc  
12059 Whitetail Ln  
Hanover, MN 55341**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153  
5

Nonpriority creditor's name and mailing address

**Kotis Design LLC  
PO Box 24003  
Seattle, WA 98124**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.153  
6

Nonpriority creditor's name and mailing address

**Kowalsky Painting LLC  
2729 Virginia Dr Se  
Cedar Rapids, IA 52403**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.153 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kr Company LLC</b> <b>5140 Meijer Drive</b> <b>Royal Oak, MI 48073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.153 8	<b>Nonpriority creditor's name and mailing address</b> <b>Krauter Bosn Service Company I</b> <b>3607 N 39th Street</b> <b>Lincoln, NE 68504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.153 9	<b>Nonpriority creditor's name and mailing address</b> <b>Krew Kegs Inc</b> <b>19437 Sw 90th Ct</b> <b>Tualatin, OR 97062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 0	<b>Nonpriority creditor's name and mailing address</b> <b>Krisann Schwanke</b> <b>1108 Belsly Blvd Apt 109</b> <b>Moorhead, MN 56560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 1	<b>Nonpriority creditor's name and mailing address</b> <b>Kriss Premium Products Inc</b> <b>PO Box 17280</b> <b>Minneapolis, MN 55417</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 2	<b>Nonpriority creditor's name and mailing address</b> <b>Kristen R Grable</b> <b>7337 Cacabneah Dr Apt #304</b> <b>Indianapolis, IN 46227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 3	<b>Nonpriority creditor's name and mailing address</b> <b>Kristin Rego</b> <b>1572 Woodrow Rd</b> <b>Mayfield Heights, OH 44124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.154 4	<b>Nonpriority creditor's name and mailing address</b> <b>Kryfuls LLC</b> <b>3706 S 138th St</b> <b>Omaha, NE 68144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 5	<b>Nonpriority creditor's name and mailing address</b> <b>Krystal Kleen Inc</b> <b>31436 Pagels Dr</b> <b>Warren, MI 48092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334.00</b>
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3.154 6	<b>Nonpriority creditor's name and mailing address</b> <b>Kt Hood Cleaning Service</b> <b>3730 Rosewood Lane N</b> <b>Plymouth, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 7	<b>Nonpriority creditor's name and mailing address</b> <b>Kulture Kids</b> <b>PO Box 181425</b> <b>Cleveland, OH 44118</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 8	<b>Nonpriority creditor's name and mailing address</b> <b>Kyle Bryan</b> <b>6582 Tamarack Ct</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.154 9	<b>Nonpriority creditor's name and mailing address</b> <b>Kyle Johnson</b> <b>1111 W Minnehaha Ave #6</b> <b>Saint Paul, MN 55104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 0	<b>Nonpriority creditor's name and mailing address</b> <b>Kyleigh D Bly</b> <b>1705 State St</b> <b>Apt 6</b> <b>Nashville, TN 37203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.155 1	<b>Nonpriority creditor's name and mailing address</b> <b>L E Hunt Jr Enterprise Inc</b> <b>4005 Se Grimes Blvd</b> <b>Grimes, IA 50111</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,275.00</b>
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3.155 2	<b>Nonpriority creditor's name and mailing address</b> <b>L F Lanpher and Chad Chroniste</b> <b>26567 E Shore Pl</b> <b>Hartford, SD 57033</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 3	<b>Nonpriority creditor's name and mailing address</b> <b>La Grasso Bros</b> <b>5001 Bellevue</b> <b>PO Box 2638</b> <b>Detroit, MI 48202-2638</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,063.68</b>
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3.155 4	<b>Nonpriority creditor's name and mailing address</b> <b>Laclede Gas Co</b> <b>Drawer 2</b> <b>Saint Louis, MO 63171</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lake County Circuit Court</b> <b>18 N County St</b> <b>Waukegan, IL 60085</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 6	<b>Nonpriority creditor's name and mailing address</b> <b>Lake Forest Bank and Trust Com</b> <b>PO Box 7000</b> <b>Carol Stream, IL 60197-7000</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lake Zurich Brewing Company LL</b> <b>932 Donata Ct</b> <b>Lake Zurich, IL 60047</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.155 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lalika LLC`</b> <b>2521 Gross Point Rd Ste 4</b> <b>Evanston, IL 60201</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.155 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lamar Texas Limited Partnershi</b> <b>PO Box 96030</b> <b>Baton Rouge, LA 70896</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lamonica Beverages Inc</b> <b>4060 Rock Valley Pkwy</b> <b>Loves Park, IL 61111</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$380.00</b>
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3.156 1	<b>Nonpriority creditor's name and mailing address</b> <b>Lana Rivay</b> <b>5522 Century Ave #2</b> <b>Middleton, WI 53562</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 2	<b>Nonpriority creditor's name and mailing address</b> <b>Lancaster Cnty Schl Dist 001</b> <b>PO Box 82889</b> <b>Lincoln, NE 68501</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 3	<b>Nonpriority creditor's name and mailing address</b> <b>Lancaster County Court</b> <b>575 S 10th</b> <b>2nd Floor</b> <b>Lincoln, NE 68508</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 4	<b>Nonpriority creditor's name and mailing address</b> <b>Lance Koch</b> <b>6055 Niles</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.156 5	<b>Nonpriority creditor's name and mailing address</b> <b>Landes D Wallace</b> <b>15510 Livingston Road</b> <b>Accokeek, MD 20607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 6	<b>Nonpriority creditor's name and mailing address</b> <b>Landscape Garden Cntr</b> <b>7201 S Minnesota Ave</b> <b>Sioux Falls, SD 57108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lanzarini Inc</b> <b>1901 Delmar Blvd</b> <b>Saint Louis, MO 63103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48.00</b>
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3.156 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lara Lange</b> <b>941 Whitney Drive</b> <b>Apple Valey, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.156 9	<b>Nonpriority creditor's name and mailing address</b> <b>Larry Birkey</b> <b>1633 10th Street</b> <b>Manson, IA 50563</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 0	<b>Nonpriority creditor's name and mailing address</b> <b>Larry Brown</b> <b>435 Clyd Street</b> <b>Toledo, OH 43605</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 1	<b>Nonpriority creditor's name and mailing address</b> <b>Larry Lawson</b> <b>11105 Pompey Dr</b> <b>Upper Marlboro, MD 20772</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.157 2	<b>Nonpriority creditor's name and mailing address</b> <b>Larry Taylor and Assoc Consult</b> <b>2304 Fawn Lake Circle</b> <b>Naperville, IL 60564</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 3	<b>Nonpriority creditor's name and mailing address</b> <b>Larson Middle School Pto</b> <b>2222 E Long Lake Rd</b> <b>Troy, MI 48085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 4	<b>Nonpriority creditor's name and mailing address</b> <b>Last Day Dog Rescue Inc</b> <b>PO Box 51935</b> <b>Livonia, MI 48151-5935</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 5	<b>Nonpriority creditor's name and mailing address</b> <b>Last Minute Gas Contractors</b> <b>10330 Sw 42 Terrace</b> <b>Miami, FL 33165</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 6	<b>Nonpriority creditor's name and mailing address</b> <b>Laura L Horner</b> <b>414 Brickpath Lane 109</b> <b>Franklin, TN 37064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 7	<b>Nonpriority creditor's name and mailing address</b> <b>Laurel Highlands Council Boy S</b> <b>1275 Bedford Ave</b> <b>Flag Plaza</b> <b>Pittsburgh, PA 15219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.157 8	<b>Nonpriority creditor's name and mailing address</b> <b>Laurels Princess Parties LLC</b> <b>6800 W Central Ave Ste L2</b> <b>Toledo, OH 43617</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.157 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lauren S Anderson</b> <b>2316 W Cothrell St</b> <b>Olathe, KS 66061</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lauri Blakley</b> <b>541 Harper Drive</b> <b>Verona, WI 53593</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 1	<b>Nonpriority creditor's name and mailing address</b> <b>Law Office Of John Lindner Pa</b> <b>1920 Greenspring Dr #130</b> <b>Timonium, MD 21093</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 2	<b>Nonpriority creditor's name and mailing address</b> <b>Law Offices Of Michael R Still</b> <b>30057 Orchard Lake Rd #200</b> <b>Farmington Hills, MI 48334</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 3	<b>Nonpriority creditor's name and mailing address</b> <b>Lawrence C Hawkins</b> <b>PO Box 896</b> <b>La Porte, IN 46352</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 4	<b>Nonpriority creditor's name and mailing address</b> <b>Lazaro Filter Service Inc</b> <b>7445 S Waterway Dr</b> <b>Miami, FL 33155</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lcd Builders LLC</b> <b>3095 Tuscarawas Road</b> <b>Beaver, PA 15009</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,450.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.158 6	<b>Nonpriority creditor's name and mailing address</b> <b>Lead Up</b> <b>5740 S 32nd Street</b> <b>Lincoln, NE 68516</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 7	<b>Nonpriority creditor's name and mailing address</b> <b>Leah Bannister</b> <b>16119 N Admiral Rd</b> <b>Chillicothe, IL 61523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 8	<b>Nonpriority creditor's name and mailing address</b> <b>Leah Johnson</b> <b>PO Box 182</b> <b>Lacon, IL 61540</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.158 9	<b>Nonpriority creditor's name and mailing address</b> <b>Leah M Agnew</b> <b>4011 Bamberger</b> <b>Saint Louis, MO 63116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.159 0	<b>Nonpriority creditor's name and mailing address</b> <b>Learfield Communications LLC</b> <b>PO Box 843038</b> <b>Kansas City, MO 64184-3038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.159 1	<b>Nonpriority creditor's name and mailing address</b> <b>Leasequerry LLC</b> <b>115 Perimeter Center Pi Ne</b> <b>Ste 1150</b> <b>Atlanta, GA 30346</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.159 2	<b>Nonpriority creditor's name and mailing address</b> <b>Leeanna E Horner</b> <b>414 Brick Path Lane</b> <b>Franklin, TN 37064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Legacy Service and Supply LLC</b> <b>1732 West Park Center Ste A</b> <b>Fenton, MO 63026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Legacy Village Investors LLC</b> <b>PO Box 635159</b> <b>Cincinnati, OH 45263-5159</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,739.08</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Leighf Inc</b> <b>3333 W Division St Ste 127a</b> <b>Saint Cloud, MN 56301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Leighton Enterprises Inc</b> <b>PO Box 1458</b> <b>Saint Cloud, MN 56302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Leikin Ingber and Winters Pc</b> <b>3000 Town Center Ste 2390</b> <b>Southfield, MI 48075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Leonard Ealey</b> <b>24841 Emanuel Lane</b> <b>Tremont, IL 61568</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Lesea Global Feed The Hungry I</b> <b>530 E Ireland Rd</b> <b>South Bend, IN 46614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.160 0	<b>Nonpriority creditor's name and mailing address</b> <b>Leticia Hernandez Sedano</b> <b>3225 Webster St</b> <b>Fort Wayne, IN 46807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 1	<b>Nonpriority creditor's name and mailing address</b> <b>Leukemia and Lymphoma Soc Inc</b> <b>5700 Brecksville Road 3rd Fl</b> <b>Independence, OH 44131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 2	<b>Nonpriority creditor's name and mailing address</b> <b>Liberty Fruit Co Inc</b> <b>1247 Argentine Blvd</b> <b>Kansas City, KS 66105-1508</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,001.25</b>
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3.160 3	<b>Nonpriority creditor's name and mailing address</b> <b>Liberty Sound and Electronics Inc</b> <b>PO Box 3209</b> <b>South Bend, IN 46619-0209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 4	<b>Nonpriority creditor's name and mailing address</b> <b>Life Safety Systems Inc</b> <b>1417 Knecht Ave Ste A</b> <b>Arbutus, MD 21227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lifeserve Blood Center Inc</b> <b>431 East Locust</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 6	<b>Nonpriority creditor's name and mailing address</b> <b>Lighthouse Church Of All Nations</b> <b>4501 W 127th St</b> <b>Alsip, IL 60803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.160 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lighting Maintenance Inc</b> <b>351 N 6th Ave</b> <b>Eldridge, IA 52748</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lincoln Chamber Of Commerce In</b> <b>PO Box 83006</b> <b>Lincoln, NE 68501-3006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.160 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lincoln Electric System</b> <b>PO Box 2986</b> <b>Omaha, NE 68103-2966</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,462.94</b>
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3.161 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lincoln Independent Business A</b> <b>620 N 48th St Ste 205</b> <b>Lincoln, NE 68504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.00</b>
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3.161 1	<b>Nonpriority creditor's name and mailing address</b> <b>Lincoln Journal Star</b> <b>Subscription</b> <b>926 P Street</b> <b>Lincoln, NE 68508</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 2	<b>Nonpriority creditor's name and mailing address</b> <b>Lincoln North Star Athletics B</b> <b>520 W Carrine</b> <b>Lincoln, NE 68521</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 3	<b>Nonpriority creditor's name and mailing address</b> <b>Linda Kay Kozlowski</b> <b>316 Allen St</b> <b>Belvidere, IL 61008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.161 4	<b>Nonpriority creditor's name and mailing address</b> <b>Linda S Willgohs Cpa</b> <b>805 Highland Ave West</b> <b>Northfield, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 5	<b>Nonpriority creditor's name and mailing address</b> <b>Linda Stuesser</b> <b>9001 Ancient Oak Lane</b> <b>Verona, WI 53593</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 6	<b>Nonpriority creditor's name and mailing address</b> <b>Lindsay Gambino</b> <b>15036 Knoison</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lingle Design Group Inc</b> <b>158 W Main</b> <b>Lena, IL 61048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 8	<b>Nonpriority creditor's name and mailing address</b> <b>Linn Cnty</b> <b>501 13th St Nw</b> <b>Cedar Rapids, IA 52405-3700</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161 9	<b>Nonpriority creditor's name and mailing address</b> <b>Linn County Sheriff</b> <b>PO Box 669</b> <b>Cedar Rapids, IA 52406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 0	<b>Nonpriority creditor's name and mailing address</b> <b>Linn Mar School Foundation Inc</b> <b>2999 N 10th St</b> <b>Marion, IA 52302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.162 1	<b>Nonpriority creditor's name and mailing address</b> <b>Liquid 12 Festivals LLC</b> <b>1095 7th St W</b> <b>Saint Paul, MN 55102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 2	<b>Nonpriority creditor's name and mailing address</b> <b>Liquid Environmental Solutions</b> <b>Of Texas LLC</b> <b>PO Box 203371</b> <b>Dallas, TX 75320-3371</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$382.99</b>
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3.162 3	<b>Nonpriority creditor's name and mailing address</b> <b>Lisa Conway</b> <b>1055 Krattley Ln</b> <b>Hudson, WI 54016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 4	<b>Nonpriority creditor's name and mailing address</b> <b>Lisa Lyn Rahja</b> <b>8501 W Lavern Wipf St</b> <b>Sioux Falls, SD 57106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lisa M Schwartz</b> <b>709 Huntly Ct</b> <b>Schaumburg, IL 60194</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 6	<b>Nonpriority creditor's name and mailing address</b> <b>Little Friends Inc</b> <b>140 N Wright St</b> <b>Naperville, IL 60540</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 7	<b>Nonpriority creditor's name and mailing address</b> <b>Littler Mendelson Pc</b> <b>Attn Treasury</b> <b>2301 McGee St, 8th Floor</b> <b>Kansas City, MO 64108-2662</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.162 8	<b>Nonpriority creditor's name and mailing address</b> <b>Liturgical Publications Inc</b> <b>2875 S James Dr</b> <b>New Berlin, WI 53151</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.162 9	<b>Nonpriority creditor's name and mailing address</b> <b>Live Your Freedom Inc</b> <b>1766 W St Se</b> <b>Washington, DC 20020</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 0	<b>Nonpriority creditor's name and mailing address</b> <b>Livonia Chamber Of Commerce</b> <b>33300 Five Mile Road Ste 212</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 1	<b>Nonpriority creditor's name and mailing address</b> <b>Livonia Civic Arenas Inc</b> <b>33841 Lyndon St</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 2	<b>Nonpriority creditor's name and mailing address</b> <b>Livonia Frc Robotics Inc</b> <b>16200 Newburgh Rd</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 3	<b>Nonpriority creditor's name and mailing address</b> <b>LI Harder Inc</b> <b>5013 W 12th</b> <b>Sioux Falls, SD 57106</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 4	<b>Nonpriority creditor's name and mailing address</b> <b>LLChd</b> <b>3140 N Street</b> <b>Lincoln, NE 68510-1514</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.163 5	<b>Nonpriority creditor's name and mailing address</b> <b>Locals Love Us Quad Cities LLC</b> <b>102 E Kimberly Rd</b> <b>Ste 1 Pmb 199</b> <b>Davenport, IA 52806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 6	<b>Nonpriority creditor's name and mailing address</b> <b>Lockgiant Locksmith Inc</b> <b>671 Pilgrim Ave</b> <b>Birmingham, MI 48009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lockton Companies LLC</b> <b>PO Box 802707</b> <b>Kansas City, MO 64180-2707</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$690,001.00</b>
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3.163 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lodging Source</b> <b>PO Box 744</b> <b>Mount Pleasant, SC 29465</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,988.84</b>
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3.163 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lodovico Window Cleaning Inc</b> <b>PO Box 341</b> <b>Murrysville, PA 15668</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 0	<b>Nonpriority creditor's name and mailing address</b> <b>Loffredo</b> <b>4001 Sw 63rd Street</b> <b>Des Moines, IA 50321</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,492.10</b>
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3.164 1	<b>Nonpriority creditor's name and mailing address</b> <b>Lohr Distrib Co Inc</b> <b>1100 South 9th St</b> <b>Saint Louis, MO 63104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.80</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.164 2	<b>Nonpriority creditor's name and mailing address</b> <b>Lois Flora</b> <b>5438 S 32nd St</b> <b>Lincoln, NE 68516</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 3	<b>Nonpriority creditor's name and mailing address</b> <b>Lois Kammer</b> <b>4809 Sherwood Road</b> <b>Madison, WI 53711</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 4	<b>Nonpriority creditor's name and mailing address</b> <b>Lone Rock Inc</b> <b>7939 Burden Rd</b> <b>Machesney Park, IL 61115</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 5	<b>Nonpriority creditor's name and mailing address</b> <b>Long Range Systems LLC</b> <b>PO Box 671111</b> <b>Dallas, TX 75267-1111</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79.99</b>
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3.164 6	<b>Nonpriority creditor's name and mailing address</b> <b>Loomis Armored Us Inc</b> <b>Dept Ch 10500</b> <b>Palatine, IL 60055-0500</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lora Swanson</b> <b>5532 Knollwood Dr</b> <b>Saint Cloud, MN 56303</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lorena Zubko</b> <b>701 N Doluth</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.164 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lori A Wolff</b> <b>816 Lincolnwood Lane</b> <b>Apt B</b> <b>Indianapolis, IN 46260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lotaspirits</b> <b>3780 State Street</b> <b>Bettendorf, IA 52722</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 1	<b>Nonpriority creditor's name and mailing address</b> <b>Louis Glunz Beer Inc</b> <b>7100 N Capital Drive</b> <b>Lincolnwood, IL 60712-2740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 2	<b>Nonpriority creditor's name and mailing address</b> <b>Louis Glunz Wines Inc</b> <b>630 Margate Dr</b> <b>Lincolnshire, IL 60069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 3	<b>Nonpriority creditor's name and mailing address</b> <b>Louis Robert Z Williams II</b> <b>4606 Holborn Ave</b> <b>Annandale, VA 22003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 4	<b>Nonpriority creditor's name and mailing address</b> <b>Loves Travel Stops and Country</b> <b>10601 North Pennsylvania</b> <b>Oklahoma City, OK 73120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,618.53</b>
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3.165 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lsw Consulting Solutions LLC</b> <b>805 Highland Ave</b> <b>Northfield, MN 55057</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.165 6	<b>Nonpriority creditor's name and mailing address</b> <b>Ltd Brewing LLC</b> <b>725 Mainstreet</b> <b>Hopkins, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lucas Howell</b> <b>2112 W Ayres</b> <b>Peoria, IL 61604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lucid Brewing LLC</b> <b>701 N 5th Street</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165 9	<b>Nonpriority creditor's name and mailing address</b> <b>Luis Valdes</b> <b>10235 Sw 46th St</b> <b>Miami, FL 33165</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lumind Research Down Syndrome</b> <b>20 Burlington Mall Rd Ste 200</b> <b>Burlington, MA 01803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 1	<b>Nonpriority creditor's name and mailing address</b> <b>Lupulin Brewing LLC</b> <b>570 Thumboldt Drive #107</b> <b>Big Lake, MN 55309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 2	<b>Nonpriority creditor's name and mailing address</b> <b>Lupus Foundation Of America In</b> <b>2121 K Street Nw Ste 200</b> <b>Washington, DC 20037</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.166 3	<b>Nonpriority creditor's name and mailing address</b> <b>Lutheran Family Services Of Ne</b> <b>124 S 24th Street Ste 230</b> <b>Omaha, NE 68102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 4	<b>Nonpriority creditor's name and mailing address</b> <b>Lutheran High School Associati</b> <b>Of The Greater Rockford Area</b> <b>3411 N Alpine Rd</b> <b>Rockford, IL 61114</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 5	<b>Nonpriority creditor's name and mailing address</b> <b>Lutheran Military Veterans</b> <b>And Families Ministries Inc</b> <b>3480 Stellhorn Road</b> <b>Fort Wayne, IN 46815</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 6	<b>Nonpriority creditor's name and mailing address</b> <b>Luz Nokaj</b> <b>40325 Plymouth Rd Apt 201</b> <b>Plymouth, MI 48170</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 7	<b>Nonpriority creditor's name and mailing address</b> <b>Lyndsey Gruber</b> <b>204 Nw 79th Terrace</b> <b>Kansas City, MO 64118</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 8	<b>Nonpriority creditor's name and mailing address</b> <b>Lynn M Baltrip</b> <b>38020 Joplin Dr</b> <b>Clinton Township, MI 48036-3904</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.166 9	<b>Nonpriority creditor's name and mailing address</b> <b>Lynn Publications Inc</b> <b>833 Sw Lemans Lane</b> <b>Suite 132</b> <b>Lees Summit, MO 64082</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.167 0	<b>Nonpriority creditor's name and mailing address</b> <b>Lyons Doughty and Veldhuis Pc</b> <b>PO Box 1269</b> <b>Mount Laurel, NJ 08054</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 1	<b>Nonpriority creditor's name and mailing address</b> <b>M L Jackson Quality Plumbing I</b> <b>712 E 6th St</b> <b>Coal Valley, IL 61240</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 2	<b>Nonpriority creditor's name and mailing address</b> <b>M W Hopkins and Sons Inc</b> <b>9150 Pyott Rd</b> <b>Lake in the Hills, IL 60156</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$310.00</b>
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3.167 3	<b>Nonpriority creditor's name and mailing address</b> <b>Mad Ape LLC</b> <b>2300 Wisconsin Ave #213</b> <b>Downers Grove, IL 60515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$647.50</b>
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3.167 4	<b>Nonpriority creditor's name and mailing address</b> <b>Maddison Jeter</b> <b>2004 Fondulac Dr</b> <b>East Peoria, IL 61611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 5	<b>Nonpriority creditor's name and mailing address</b> <b>Madeline Morrison</b> <b>510 Lindsay Road</b> <b>Carnegie, PA 15106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 6	<b>Nonpriority creditor's name and mailing address</b> <b>Madhouse Brewing Company LLC</b> <b>501 Scott Ave</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.167 7	<b>Nonpriority creditor's name and mailing address</b> <b>Madison Carroll</b> <b>808 1/2 Oak</b> <b>New Haven, IN 46774</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 8	<b>Nonpriority creditor's name and mailing address</b> <b>Madonna University</b> <b>36600 Schoolcraft Road</b> <b>Livonia, MI 48150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.167 9	<b>Nonpriority creditor's name and mailing address</b> <b>Magnum Electric Inc</b> <b>471 Christianson Drive W</b> <b>West Fargo, ND 58078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.168 0	<b>Nonpriority creditor's name and mailing address</b> <b>Mahoney Environmental</b> <b>37458 Eagle Way</b> <b>Chicago, IL 60678-1374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
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3.168 1	<b>Nonpriority creditor's name and mailing address</b> <b>Major Brands Creve Coeur</b> <b>PO Box 840141</b> <b>Kansas City, MO 64184-0141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$898.83</b>
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3.168 2	<b>Nonpriority creditor's name and mailing address</b> <b>Major Brands Kansas City</b> <b>PO Box 804464</b> <b>Kansas City, MO 64180</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$383.19</b>
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3.168 3	<b>Nonpriority creditor's name and mailing address</b> <b>Make A Wish Foundation Of</b> <b>Nebraska</b> <b>11926 Arbor Ste 102</b> <b>Omaha, NE 68144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$197.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.168 4	<b>Nonpriority creditor's name and mailing address</b> <b>Make A Wish Foundaton Of Iowa</b> <b>3024 104th St</b> <b>Urbandale, IA 50322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.168 5	<b>Nonpriority creditor's name and mailing address</b> <b>Malaika Price</b> <b>16750 Blackjack Oak Ln</b> <b>Apt 302</b> <b>Woodbridge, VA 22191</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.168 6	<b>Nonpriority creditor's name and mailing address</b> <b>Mallory Valley Utility Disct</b> <b>PO Box 306056</b> <b>Nashville, TN 37230-6056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$992.90</b>
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3.168 7	<b>Nonpriority creditor's name and mailing address</b> <b>Manau Cutlery Inc</b> <b>2533 S Western Avenue</b> <b>Chicago, IL 60608-4807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.168 8	<b>Nonpriority creditor's name and mailing address</b> <b>Manuel Mendoza</b> <b>5636 N Hamilton Rd</b> <b>Peoria, IL 61614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.168 9	<b>Nonpriority creditor's name and mailing address</b> <b>Manuel Rodriguezleston</b> <b>4001 Sw 129th Ave</b> <b>Miami, FL 33175</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.169 0	<b>Nonpriority creditor's name and mailing address</b> <b>Maple Grove Rotary Foundation</b> <b>6900 Wedgewood Rd</b> <b>Suite 200</b> <b>Osseo, MN 55311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.169 1	<b>Nonpriority creditor's name and mailing address</b> <b>Maple Grove Senior High Dance Team Booster Club 9800 Fernbrook Lane N Osseo, MN 55369</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 2	<b>Nonpriority creditor's name and mailing address</b> <b>March Of Dimes Foundation 300 Cedar Ridge Drive Suite 311/313 Pittsburgh, PA 15205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 3	<b>Nonpriority creditor's name and mailing address</b> <b>Marco Inc PO Box 660831 Dallas, TX 75266</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 4	<b>Nonpriority creditor's name and mailing address</b> <b>Marco Vergara 25635 Lincoln St Novi, MI 48375</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 5	<b>Nonpriority creditor's name and mailing address</b> <b>Marianne Heider 317 Dundee Rd East Peoria, IL 61611</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 6	<b>Nonpriority creditor's name and mailing address</b> <b>Marilyn Naiman Kohn Plc 30500 Northwestern Hwy 410 Farmington, MI 48334</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.169 7	<b>Nonpriority creditor's name and mailing address</b> <b>Marion County Treasurer 200 E Washington St Ste 1001 Indianapolis, IN 46204-3356</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,346.98</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.169 8	<b>Nonpriority creditor's name and mailing address</b> <b>Marissa K. Corado</b> <b>1211 Tom Sawyer Trail #106</b> <b>Harrisburg, SD 57032</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335.60</b>
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3.169 9	<b>Nonpriority creditor's name and mailing address</b> <b>Mark A Johnson</b> <b>1812 Edgewood Rd</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 0	<b>Nonpriority creditor's name and mailing address</b> <b>Mark A. Gozdowski</b> <b>2958 Lime City Rd</b> <b>Perrysburg, OH 43551</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$467.60</b>
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3.170 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Gemar</b> <b>3225 43rd Ave S</b> <b>Fargo, ND 58104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 2	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Hannen</b> <b>3559 Mulligan Dr</b> <b>Woodridge, IL 60517</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 3	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Mussman</b> <b>140 Highland Ave</b> <b>Fairfax, IA 52228</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 4	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Of Greatness Inc</b> <b>221 S 66th St</b> <b>Lincoln, NE 68510</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.170 5	Nonpriority creditor's name and mailing address <b>Mark Robinson</b> <b>625 N First Ave</b> <b>Canton, IL 61520</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 6	Nonpriority creditor's name and mailing address <b>Mark Toth</b> <b>2704 Southwood Rd</b> <b>Toledo, OH 43614</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 7	Nonpriority creditor's name and mailing address <b>Marketplace Selections Inc</b> <b>1723 W Altorfer Dr</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 8	Nonpriority creditor's name and mailing address <b>Marking Refrigeration Inc</b> <b>4760 S 134th St</b> <b>Omaha, NE 68137</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.170 9	Nonpriority creditor's name and mailing address <b>Marquis Neal</b> <b>24611 Westhampton</b> <b>Oak Park, MI 48237</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 0	Nonpriority creditor's name and mailing address <b>Martell Electric LLC</b> <b>4601 Cleveland Road</b> <b>South Bend, IN 46628</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 1	Nonpriority creditor's name and mailing address <b>Martell Elementary Schl Pto</b> <b>5666 Livernois Road</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.171 2	Nonpriority creditor's name and mailing address <b>Martins Plaques LLC</b> <b>26 Wilber St</b> <b>Plantsville, CT 06479</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 3	Nonpriority creditor's name and mailing address <b>Mary Beth Ross</b> <b>2726 N Rushwood Court</b> <b>Wichita, KS 67226</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 4	Nonpriority creditor's name and mailing address <b>Mary Jane Elliott Pc</b> <b>24300 Karim Blvd</b> <b>Novi, MI 48375</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 5	Nonpriority creditor's name and mailing address <b>Mary Kate Picolo</b> <b>2431 Alteras Dr</b> <b>Nashville, TN 37211</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 6	Nonpriority creditor's name and mailing address <b>Mary Vanlandingham</b> <b>Box 61</b> <b>Kingman, KS 67068</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 7	Nonpriority creditor's name and mailing address <b>Maryland Child Support Account</b> <b>PO Box 17396</b> <b>Baltimore, MD 21297</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.171 8	Nonpriority creditor's name and mailing address <b>Marz Company Brewing Inc</b> <b>960 W 31st St</b> <b>Chicago, IL 60608</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.171 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Masons Window Cleaning Service</b>  <b>934 South 27th Street</b>  <b>South Bend, IN 46615</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.172 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Master Craft Outdoors Inc</b>  <b>9450 Nason Court Ne</b>  <b>Elk River, MN 55330</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$3,650.00</b></p>
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3.172 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Master Locksmith LLC</b>  <b>155 Old Buggy Ct</b>  <b>Saint Charles, MO 63304</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.172 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Master Repair Inc.</b>  <b>1550 91st St Ave NE</b>  <b>Minneapolis, MN 55449</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$593.87</b></p>
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3.172 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Mastin Septic&amp; Well Service</b>  <b>12004 Waterville Swanton Rd</b>  <b>Whitehouse, OH 43571</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.172 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Matheson Trigas Inc</b>  <b>Dept 3028 PO Box 123028</b>  <b>Dallas, TX 75312</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$1,089.29</b></p>
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3.172 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Mathew Rainoldi</b>  <b>381 Quail Ridge Ct</b>  <b>Waterford, MI 48327</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.172 6	Nonpriority creditor's name and mailing address <b>Matt Johnson</b> <b>370 Trombley</b> <b>Troy, MI 48083</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.172 7	Nonpriority creditor's name and mailing address <b>Matthew Brady</b> <b>4638 Wentworth Ave South</b> <b>Minneapolis, MN 55419</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.172 8	Nonpriority creditor's name and mailing address <b>Matthew Hudson</b> <b>601 East Willow St</b> <b>Harrisburg, SD 57032</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.172 9	Nonpriority creditor's name and mailing address <b>Matthew Maybray</b> <b>4160 Tuscarawas Rd</b> <b>Beaver, PA 15009</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.173 0	Nonpriority creditor's name and mailing address <b>Matthew T Blanchar</b> <b>7351 Royal Oakland D</b> <b>Indianapolis, IN 46236</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 1	Nonpriority creditor's name and mailing address <b>Matthew Weltzin</b> <b>1203 Ne Windsor Dr Unit 102</b> <b>Ankeny, IA 50021</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 2	Nonpriority creditor's name and mailing address <b>Matthew Ziegenfuss</b> <b>7917 S 157th St</b> <b>Omaha, NE 68136</b>  Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.173 3	<b>Nonpriority creditor's name and mailing address</b> <b>Maumee Bowling Alleys Inc</b> <b>1246 Conant St</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 4	<b>Nonpriority creditor's name and mailing address</b> <b>Maumee Cham Of Commerce</b> <b>605 Conant Street</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 5	<b>Nonpriority creditor's name and mailing address</b> <b>Maumee Firefighting Assn Inc</b> <b>220 Illinois Ave</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 6	<b>Nonpriority creditor's name and mailing address</b> <b>Maumee Valley Partners For Inc</b> <b>1154 Larc Lane</b> <b>Toledo, OH 43614</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 7	<b>Nonpriority creditor's name and mailing address</b> <b>Mauricio Lopez</b> <b>518 Hatfield Dr</b> <b>Franklin, TN 37064</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 8	<b>Nonpriority creditor's name and mailing address</b> <b>Maury County Courthouse</b> <b>41 Public Square</b> <b>Columbia, TN 38401</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.173 9	<b>Nonpriority creditor's name and mailing address</b> <b>Maven Print LLC`</b> <b>1506 Rollins Ave</b> <b>Capitol Heights, MD 20743</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.174 0	<b>Nonpriority creditor's name and mailing address</b> <b>Maximilian J Guerra</b> <b>2440 Sw 124th Ave</b> <b>Miami, FL 33175</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mayer Electric Corporation</b> <b>8340 89th Ave N</b> <b>Minneapolis, MN 55445</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
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3.174 2	<b>Nonpriority creditor's name and mailing address</b> <b>Mccaren Designs Inc</b> <b>760 Vandalia Street</b> <b>Saint Paul, MN 55114</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.94</b>
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3.174 3	<b>Nonpriority creditor's name and mailing address</b> <b>Mccarthy Lebit Crystal and Lif</b> <b>101 W Prospect Ave Ste 1800</b> <b>Cleveland, OH 44115</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174 4	<b>Nonpriority creditor's name and mailing address</b> <b>Mccrae Enterprise Inc</b> <b>PO Box 90966</b> <b>Washington, DC 20090-0966</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174 5	<b>Nonpriority creditor's name and mailing address</b> <b>Mcgreevy Williams Pc</b> <b>6735 Vistagreen Way Ste 300</b> <b>Rockford, IL 61107</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174 6	<b>Nonpriority creditor's name and mailing address</b> <b>Mckinnon Co Inc</b> <b>1002 South 48th Street</b> <b>Grand Forks, ND 58201-8201</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104.70</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.174 7	<b>Nonpriority creditor's name and mailing address</b> <b>Mcmaister Carr Supply Co</b> <b>PO Box 7690</b> <b>Chicago, IL 60680-7690</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$411.54</b>
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3.174 8	<b>Nonpriority creditor's name and mailing address</b> <b>Mcmurray Electric Inc</b> <b>109 Marble Dr</b> <b>Canonsburg, PA 15317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.174 9	<b>Nonpriority creditor's name and mailing address</b> <b>Mcs Inc</b> <b>7405 S Bitterroot PI Ste 113</b> <b>Sioux Falls, SD 57108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 0	<b>Nonpriority creditor's name and mailing address</b> <b>Meazureup Inc</b> <b>180 John Street</b> <b>CANADA</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mediacom Dm</b> <b>PO Box 5744</b> <b>Carol Stream, IL 60197-5744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.95</b>
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3.175 2	<b>Nonpriority creditor's name and mailing address</b> <b>Mediausa Advertising Inc</b> <b>PO Box 189</b> <b>Litchfield, MN 55355</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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3.175 3	<b>Nonpriority creditor's name and mailing address</b> <b>Meet Minneapolis Cva</b> <b>250 Marquette Avenue South</b> <b>Suite 1300</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.175 4	<b>Nonpriority creditor's name and mailing address</b> <b>Megge Enterprises Inc</b> <b>PO Box 26067</b> <b>Fraser, MI 48026</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>
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3.175 5	<b>Nonpriority creditor's name and mailing address</b> <b>Melissa Champion</b> <b>2812 Oak Grove Lane</b> <b>Rockford, IL 61108</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 6	<b>Nonpriority creditor's name and mailing address</b> <b>Meltzer Purtill and Stelle LLC</b> <b>1515 E Woodfield Rd</b> <b>Schaumburg, IL 60173</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 7	<b>Nonpriority creditor's name and mailing address</b> <b>Melvin W Welch</b> <b>PO Box 206</b> <b>Swisher, IA 52338</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 8	<b>Nonpriority creditor's name and mailing address</b> <b>Melwood Horticultural Training</b> <b>5606 Dower House Road</b> <b>Upper Marlboro, MD 20772-3604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.175 9	<b>Nonpriority creditor's name and mailing address</b> <b>Menufrinfo LLC</b> <b>2629 Redwing Rd Ste 280</b> <b>Fort Collins, CO 80526</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$249.00</b>
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3.176 0	<b>Nonpriority creditor's name and mailing address</b> <b>Mercedes Pineda</b> <b>812 Kishwaukee</b> <b>Rockford, IL 61104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px;">3.176 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Mergent Inc</b> <b>444 Madison Ave Ste 1710</b> <b>New York, NY 10022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Messerli and Kramer Pa</b> <b>3033 Campus Dr Ste 250</b> <b>Minneapolis, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Metro Sales Inc</b> <b>Attn: Accts Receivable</b> <b>1620 E 78th Street</b> <b>Minneapolis, MN 55423-4637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Metromedia Inc</b> <b>4210 Shawnee Mission Parkway</b> <b>Suite 314a</b> <b>Mission, KS 66205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolitan Life Insurance Co</b> <b>Dept Ch 10579</b> <b>Palatine, IL 60055-0579</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolitan St Louis</b> <b>Sewer District</b> <b>PO Box 437</b> <b>Saint Louis, MO 63166-0437</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.176 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolitan Utilities Disct</b> <b>PO Box 3600</b> <b>Omaha, NE 68103-0600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.176 8	<b>Nonpriority creditor's name and mailing address</b> <b>Meyers Rodbell&amp; Rosenbaum</b> <b>6801 Keniworth Ave</b> <b>Suite 400</b> <b>Riverdale, MD 20737</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.176 9	<b>Nonpriority creditor's name and mailing address</b> <b>Mghs Boys Basketball Booster C</b> <b>9800 Fernbrook Ln</b> <b>Osseo, MN 55369</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 0	<b>Nonpriority creditor's name and mailing address</b> <b>Mgsh Crimson Trap Booster</b> <b>9800 Fernbrook Lane N</b> <b>Osseo, MN 55369</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mh Logistics Inc</b> <b>8901 N Industrial Rd</b> <b>Peoria, IL 61615</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 2	<b>Nonpriority creditor's name and mailing address</b> <b>Miami Dade Derm Permit Renewal</b> <b>PO Box 863532</b> <b>Orlando, FL 32886-3532</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 3	<b>Nonpriority creditor's name and mailing address</b> <b>Miami-Dade Tax Collector</b> <b>200 NW 2nd Avenue</b> <b>1st Floor</b> <b>Miami, FL 33128</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,602.67</b>
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3.177 4	<b>Nonpriority creditor's name and mailing address</b> <b>Miamidade Water&amp; Sewer Dept</b> <b>PO Box 026055</b> <b>Miami, FL 33102</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,376.09</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.177 5	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Baker International Fo</b> <b>100 Airside Drive</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 6	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Bohlken</b> <b>2137 Walnut Ct</b> <b>Glenview, IL 60025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 7	<b>Nonpriority creditor's name and mailing address</b> <b>Michael C Carter</b> <b>718 Chatsworth Dr</b> <b>Accokeek, MD 20607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 8	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Chmelka</b> <b>3915 N 69th St Apt 5</b> <b>Lincoln, NE 68507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.177 9	<b>Nonpriority creditor's name and mailing address</b> <b>Michael H Staenberg</b> <b>222 S Central Avenue Suite 402</b> <b>Saint Louis, MO 63105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 0	<b>Nonpriority creditor's name and mailing address</b> <b>Michael J Thoel</b> <b>33055 Summers St</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 1	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Joseph Dunn Jr</b> <b>1819 Tyler St</b> <b>Aliquippa, PA 15001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.178 2	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Marks</b> <b>814 S 24th Street</b> <b>South Bend, IN 46615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 3	<b>Nonpriority creditor's name and mailing address</b> <b>Michael McBride</b> <b>20977 Greenwood Ct</b> <b>Lakeville, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 4	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Milinovich</b> <b>586 36 1/2 Ave NE</b> <b>Minneapolis, MN 55418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.178 5	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Misko</b> <b>578 Lincoln Highlands Dr</b> <b>Coraopolis, PA 15108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 6	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Quagliano</b> <b>4701 1st Ave Se #11</b> <b>Cedar Rapids, IA 52402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,762.50</b>
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3.178 7	<b>Nonpriority creditor's name and mailing address</b> <b>Michelle Allison Simpson</b> <b>12625 Willow View Pl</b> <b>Waldorf, MD 20602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.178 8	<b>Nonpriority creditor's name and mailing address</b> <b>Michelle Smith</b> <b>236 Verbena Dr</b> <b>Watertown, MN 55388</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.178 9	<b>Nonpriority creditor's name and mailing address</b> <b>Michiana Restaurant Services</b> <b>11450 Tangletree Dr</b> <b>Granger, IN 46530</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 0	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Brewers Guild</b> <b>225 W Washtenaw Ste C</b> <b>Lansing, MI 48933</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 1	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Dept Of</b> <b>Treasury Unclaimed Wages</b> <b>PO Box 30756</b> <b>Lansing, MI 48909</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 2	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Liquor Control Comm</b> <b>529 W Allegan St</b> <b>PO Box 30005</b> <b>Lansing, MI 48909</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 3	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Logos Inc</b> <b>5030 Northwind Dr Ste 103</b> <b>East Lansing, MI 48823</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 4	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan Receivable Management</b> <b>24300 Karim Blvd</b> <b>Novi, MI 48375</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 5	<b>Nonpriority creditor's name and mailing address</b> <b>Michigan State Disbursement</b> <b>PO Box 30350</b> <b>Lansing, MI 48909</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.179 6	<b>Nonpriority creditor's name and mailing address</b> <b>Mickayla M Henman</b> <b>3725 Cardinal Lane</b> <b>Fort Wayne, IN 46815</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 7	<b>Nonpriority creditor's name and mailing address</b> <b>Micro Center</b> <b>PO Box 848</b> <b>Hilliard, OH 43026-0848</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 8	<b>Nonpriority creditor's name and mailing address</b> <b>Micro Plumbing Inc</b> <b>8988 J Street</b> <b>Omaha, NE 68127</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.179 9	<b>Nonpriority creditor's name and mailing address</b> <b>Microstar Quality Services LLC</b> <b>PO Box 912857</b> <b>Denver, CO 80291-2857</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.180 0	<b>Nonpriority creditor's name and mailing address</b> <b>Mid America Locksmiths LLC</b> <b>13410 Santa Fe Trail Dr</b> <b>Lenexa, KS 66215</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.180 1	<b>Nonpriority creditor's name and mailing address</b> <b>Midamerican Energy</b> <b>PO Box 8020</b> <b>Davenport, IA 52808-8020</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,999.26</b>
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3.180 2	<b>Nonpriority creditor's name and mailing address</b> <b>Midcontinent Communications</b> <b>PO Box 5010</b> <b>Sioux Falls, SD 57117</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106.50</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.180 3	<b>Nonpriority creditor's name and mailing address</b> <b>Middle Tennessee Electric</b> <b>PO Box 681709</b> <b>Franklin, TN 37068-1709</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.180 4	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Alarm Co</b> <b>1104 6th Street</b> <b>Sioux City, IA 51101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.86</b>
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3.180 5	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Alarm Svcs</b> <b>PO Box 4511</b> <b>Davenport, IA 52808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.180 6	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Baseball Consulting</b> <b>7900 S 20th St</b> <b>Lincoln, NE 68504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.180 7	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Communications Inc</b> <b>500 Phillips Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$861.00</b>
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3.180 8	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Cutlery Service</b> <b>PO Box 20520</b> <b>Dayton, OH 45420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.00</b>
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3.180 9	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Lighting Products</b> <b>PO Box 558</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.45</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.181 0	Nonpriority creditor's name and mailing address <b>Midwest Paper Products</b> <b>429 E Dupon Rd #64</b> <b>Fort Wayne, IN 46825</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 1	Nonpriority creditor's name and mailing address <b>Midwest Telephone Co Inc</b> <b>8172 Zionsville Rd</b> <b>Indianapolis, IN 46268</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 2	Nonpriority creditor's name and mailing address <b>Miguel Cestarys Rodriguez</b> <b>1828 Abriter Ct</b> <b>Freedom Plaza</b> <b>Naperville, IL 60563</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 3	Nonpriority creditor's name and mailing address <b>Miguel Hurtado</b> <b>11411 Olive Blvd</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 4	Nonpriority creditor's name and mailing address <b>Miguel Paisano</b> <b>21w600 Lynn Rd</b> <b>Lombard, IL 60148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 5	Nonpriority creditor's name and mailing address <b>Mike Koustrup</b> <b>3927 88th Ave Ne</b> <b>Circle Pines, MN 55014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 6	Nonpriority creditor's name and mailing address <b>Mike Leahy</b> <b>10932 Pioneer Dr</b> <b>Burnsville, MN 55337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.181 7	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Lyons</b> <b>1042 McKenna Blvd</b> <b>Madison, WI 53719</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 8	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Sucha Memorial Golf Classic</b> <b>6924 Pike Place</b> <b>Lincoln, NE 68516</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.181 9	<b>Nonpriority creditor's name and mailing address</b> <b>Mikes Draft Line Cleaning</b> <b>9768 Pinehurst Ct</b> <b>Elko New Market, MN 55020</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
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3.182 0	<b>Nonpriority creditor's name and mailing address</b> <b>Millar Mechanical</b> <b>46707 282nd Street</b> <b>Lennox, SD 57039</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.182 1	<b>Nonpriority creditor's name and mailing address</b> <b>Miller and Steeno PC</b> <b>11970 Borman Dr #250</b> <b>Saint Louis, MO 63146</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.182 2	<b>Nonpriority creditor's name and mailing address</b> <b>Miller Engineering Co Inc</b> <b>1616 South Main Street</b> <b>Rockford, IL 61102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.182 3	<b>Nonpriority creditor's name and mailing address</b> <b>Millner Vineyard LLC</b> <b>220 5th Street S</b> <b>Dassel, MN 55325</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324.00</b>
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Debtor **Granite City Food & Brewery Ltd.** Case number (if known) **19-43756**

Name

3.182 4	<b>Nonpriority creditor's name and mailing address</b> <b>Mills Transfer</b> <b>656 Rose Street</b> <b>Lincoln, NE 68502-2098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.64</b>
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3.182 5	<b>Nonpriority creditor's name and mailing address</b> <b>Minneapolis Finance</b> <b>250 S 4th St Rm 510</b> <b>Minneapolis, MN 55415</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.182 6	<b>Nonpriority creditor's name and mailing address</b> <b>Minneapolis Oxygen Co</b> <b>3842 Washington Avenue No</b> <b>Minneapolis, MN 55412-2142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$131.02</b>
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3.182 7	<b>Nonpriority creditor's name and mailing address</b> <b>Minneapolis Regional Chamber</b> <b>81 South 9th St Ste 200</b> <b>Minneapolis, MN 55402-3223</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.182 8	<b>Nonpriority creditor's name and mailing address</b> <b>Minnehaha Bldg Maint Inc</b> <b>1200 Centre Pointe Curve 350</b> <b>Saint Paul, MN 55120-0243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$274.33</b>
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3.182 9	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Boston Terrier Club</b> <b>PO Box 7459</b> <b>Minneapolis, MN 55407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
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3.183 0	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Department Of Health</b> <b>625 Robert Street North</b> <b>PO Box 64975</b> <b>Saint Paul, MN 55164-0975</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px;">3.183 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Dept Of Commerce</b> <b>85 7th Place East</b> <b>Suite 500</b> <b>Saint Paul, MN 55101-2198</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Energy Resources</b> <b>PO Box 3140</b> <b>Milwaukee, WI 53201-3140</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Graphic Solutions</b> <b>2600 Fembrook Lane North #101</b> <b>Minneapolis, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Logos Inc</b> <b>7373 West 147th Street</b> <b>Suite 107</b> <b>Saint Paul, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Restaurant Assoc</b> <b>1959 Sloan Place Ste 120</b> <b>Saint Paul, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Revenue</b> <b>PO Box 64649</b> <b>Saint Paul, MN 55164-0649</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.183 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Minnesota Revenue</b> <b>PO Box 64564</b> <b>Saint Paul, MN 55164-0564</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.183 8	<p>Nonpriority creditor's name and mailing address</p> <p><b>Minnesota Sec Of State Notary Retirement System Of Mn Bldg</b>  <b>60 Empire Drice Ste 100</b>  <b>Saint Paul, MN 55103</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.183 9	<p>Nonpriority creditor's name and mailing address</p> <p><b>Minnesota State Colleges and Universities</b>  <b>30 7th Street East Ste 350</b>  <b>Saint Paul, MN 55101</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,500.00</b>
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3.184 0	<p>Nonpriority creditor's name and mailing address</p> <p><b>Minuteman Press</b>  <b>8742 Lyndale Ave S</b>  <b>Minneapolis, MN 55420</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.184 1	<p>Nonpriority creditor's name and mailing address</p> <p><b>Minuteman Press Cr Kendall</b>  <b>13275 Sw 136 Street 35</b>  <b>Miami, FL 33186</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.184 2	<p>Nonpriority creditor's name and mailing address</p> <p><b>Miranda Strom</b>  <b>1636 Sw 42nd St</b>  <b>Fargo, ND 58103</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.184 3	<p>Nonpriority creditor's name and mailing address</p> <p><b>Mishawaka Little League</b>  <b>1100 S Carlton</b>  <b>Mishawaka, IN 46544</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.184 4	<p>Nonpriority creditor's name and mailing address</p> <p><b>Mishawaka Utilities</b>  <b>126 North Church Street</b>  <b>PO Box 363</b>  <b>Mishawaka, IN 46546-0363</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$3,991.86</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.184 5	<b>Nonpriority creditor's name and mailing address</b> <b>Misko Magic LLC</b> <b>528 Lincoln Highlands Dr</b> <b>Coraopolis, PA 15108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.184 6	<b>Nonpriority creditor's name and mailing address</b> <b>Mississippi Dept Of Human Svcs</b> <b>PO Box 23094</b> <b>Jackson, MS 39225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.184 7	<b>Nonpriority creditor's name and mailing address</b> <b>Missouri American Water</b> <b>PO Box 790247</b> <b>Saint Louis, MO 63179-0247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.184 8	<b>Nonpriority creditor's name and mailing address</b> <b>Missouri Director Of Revenue</b> <b>Missouri Div Of Alcohol &amp; Toba</b> <b>1738 E Elm St Lower Level East</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.184 9	<b>Nonpriority creditor's name and mailing address</b> <b>Missouri Patriot Paws</b> <b>1908 N Bishop</b> <b>Rolla, MO 65401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.185 0	<b>Nonpriority creditor's name and mailing address</b> <b>Missouri State Treasurer</b> <b>Clint Zweifel Unclaimed Prpty</b> <b>301 W High St Room 157</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.185 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mkc3 Inc</b> <b>PO Box 9855</b> <b>Fargo, ND 58106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.97</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>MLCC</b> <b>7150 Harris Drive</b> <b>PO Box 30005</b> <b>Lansing, MI 48909-7505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,163.72</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Mn Child Support Payment</b> <b>PO Box 64306</b> <b>Saint Paul, MN 55164</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Moac Mall Holdings LLC</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485-5826</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,161.70</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Mobo Systems Inc</b> <b>285 Fulton Street</b> <b>FL 82</b> <b>New York, NY 10007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,364.99</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Moda Lighting</b> <b>11070 Fleetwood St Unit F</b> <b>Sun Valley, CA 91352</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Moises Martinez</b> <b>8839 Robin Drive, C</b> <b>Des Plaines, IL 60016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Mona Electric Group Inc</b> <b>7915 Malcolm Rd</b> <b>Clinton, MD 20735</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.185 9	<b>Nonpriority creditor's name and mailing address</b> <b>Monarchs Holdings LLC</b> <b>PO Box 235</b> <b>Emerson, NJ 07630</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,926.45</b>
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3.186 0	<b>Nonpriority creditor's name and mailing address</b> <b>Monclova Area Parents</b> <b>8035 Monclova Road</b> <b>Monclova, OH 43542</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 1	<b>Nonpriority creditor's name and mailing address</b> <b>Monica Underwood</b> <b>7039 1st Ave South</b> <b>Minneapolis, MN 55423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 2	<b>Nonpriority creditor's name and mailing address</b> <b>Monte Cohenour</b> <b>1501 Valleyview Ave</b> <b>Van Meter, IA 50261</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 3	<b>Nonpriority creditor's name and mailing address</b> <b>Morgan Moser</b> <b>253 Braun Rd</b> <b>Beaver Falls, PA 15010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.186 4	<b>Nonpriority creditor's name and mailing address</b> <b>Morse Elementary School Pto</b> <b>475 Cherry Drive</b> <b>Troy, MI 48083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 5	<b>Nonpriority creditor's name and mailing address</b> <b>Mosaic Inc</b> <b>8047 Parallel Parkway</b> <b>Kansas City, KS 66112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.186 6	<b>Nonpriority creditor's name and mailing address</b> <b>Moss Adams Llp</b> <b>PO Box 101822</b> <b>Pasadena, CA 91189-1822</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 7	<b>Nonpriority creditor's name and mailing address</b> <b>Motionloft Inc</b> <b>550 15th St Ste 29</b> <b>San Francisco, CA 94103</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 8	<b>Nonpriority creditor's name and mailing address</b> <b>Motown Fire LLC</b> <b>39282 E Archer Dr</b> <b>Harrison Township, MI 48045</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.186 9	<b>Nonpriority creditor's name and mailing address</b> <b>Mr Gas Inc</b> <b>25204 Ryan Rd</b> <b>Warren, MI 48091</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 0	<b>Nonpriority creditor's name and mailing address</b> <b>Msp Lighting Products Inc</b> <b>15549 S 70th Ct</b> <b>Orland Park, IL 60462-5105</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,017.82</b>
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3.187 1	<b>Nonpriority creditor's name and mailing address</b> <b>Mtt Innovations LLC</b> <b>PO Box 23271</b> <b>Toledo, OH 43623</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 2	<b>Nonpriority creditor's name and mailing address</b> <b>Mulberrys LLC</b> <b>2587 Fairview Ave North</b> <b>Saint Paul, MN 55113</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.187 3	<b>Nonpriority creditor's name and mailing address</b> <b>Multi Locksmith LLC</b> <b>2702 Scarborough Dr</b> <b>Fort Washington, MD 20744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 4	<b>Nonpriority creditor's name and mailing address</b> <b>Multicorp Inc</b> <b>PO Box 361</b> <b>Westminster, MD 21158</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 5	<b>Nonpriority creditor's name and mailing address</b> <b>Muska Electric Co Inc</b> <b>1985 Oakcrest Ave</b> <b>Saint Paul, MN 55113</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$460.00</b>
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3.187 6	<b>Nonpriority creditor's name and mailing address</b> <b>Mutton Rental Center Inc</b> <b>1818 Lakeview Dr</b> <b>Fort Wayne, IN 46808-3918</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 7	<b>Nonpriority creditor's name and mailing address</b> <b>My Trade LLC</b> <b>2770 Nw 24th Street</b> <b>Miami, FL 33142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 8	<b>Nonpriority creditor's name and mailing address</b> <b>Mycheck LLC</b> <b>408 Broadway 2nd Floor</b> <b>New York, NY 10013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.187 9	<b>Nonpriority creditor's name and mailing address</b> <b>Myriah Jo K Hansen</b> <b>10750 Brunswick Rd Apt 307</b> <b>Minneapolis, MN 55438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.188 0	<b>Nonpriority creditor's name and mailing address</b> <b>Myron Alfonso Young</b> <b>12629 Memory Lane</b> <b>Bowie, MD 20715</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 1	<b>Nonpriority creditor's name and mailing address</b> <b>Nakeadlia D Mitchell</b> <b>15058 Vaughan</b> <b>Detroit, MI 48223</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 2	<b>Nonpriority creditor's name and mailing address</b> <b>Naperville Area Chamber of Commerce</b> <b>55 S Maint St Ste 351</b> <b>Naperville, IL 60540</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 3	<b>Nonpriority creditor's name and mailing address</b> <b>Naperville Hotel Ptnrs LLC</b> <b>130 E Randolph Ste 2100</b> <b>Chicago, IL 60601</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,186.30</b>
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3.188 4	<b>Nonpriority creditor's name and mailing address</b> <b>Naperville Humane Society Inc</b> <b>PO Box 533</b> <b>Naperville, IL 60566</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 5	<b>Nonpriority creditor's name and mailing address</b> <b>Naperville Park District</b> <b>320 W Jackson Avenue</b> <b>Naperville, IL 60540</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 6	<b>Nonpriority creditor's name and mailing address</b> <b>Naperville Seniors In Action</b> <b>790 Royal St George Dr</b> <b>Ste 141 #156</b> <b>Naperville, IL 60563</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.188 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nardini Fire Equipment Co Inc</b> <b>405 County Road E W</b> <b>Saint Paul, MN 55126-7093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.188 8	<b>Nonpriority creditor's name and mailing address</b> <b>Nardini Fire Equipmentfg</b> <b>PO Box 9707</b> <b>Fargo, ND 58106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.13</b>
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3.188 9	<b>Nonpriority creditor's name and mailing address</b> <b>Nashville Edge LLC</b> <b>1600 Ogletree Ct</b> <b>La Vergne, TN 37086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.189 0	<b>Nonpriority creditor's name and mailing address</b> <b>Nashville Fireplace Distr Inc</b> <b>2140 Edward Curd Lane</b> <b>Franklin, TN 37067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 1	<b>Nonpriority creditor's name and mailing address</b> <b>Natalie R Koster</b> <b>1355 Cleveland Hts Blvd</b> <b>Cleveland, OH 44121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 2	<b>Nonpriority creditor's name and mailing address</b> <b>Nate Hjelseth</b> <b>3600 American Blvd W, Ste 400</b> <b>Minneapolis, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 3	<b>Nonpriority creditor's name and mailing address</b> <b>Nathan H Hyde</b> <b>5975 Rosecroft Place</b> <b>Hughesville, MD 20637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,472.84</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.189 4	<b>Nonpriority creditor's name and mailing address</b> <b>Nathan John Balistreri</b> <b>2140 Nw Code Drive</b> <b>Blue Springs, MO 64015</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 5	<b>Nonpriority creditor's name and mailing address</b> <b>National Car Rental</b> <b>PO Box 402383</b> <b>Atlanta, GA 30384-2383</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,756.06</b>
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3.189 6	<b>Nonpriority creditor's name and mailing address</b> <b>National Cinemedia Inc</b> <b>Po Box 17491</b> <b>Denver, CO 80217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 7	<b>Nonpriority creditor's name and mailing address</b> <b>National Cinemedia LLC</b> <b>PO Box 17491</b> <b>Denver, CO 80217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 8	<b>Nonpriority creditor's name and mailing address</b> <b>National Down Syndrome Society</b> <b>8 East 41st Street</b> <b>8th Floor</b> <b>New York, NY 10017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.189 9	<b>Nonpriority creditor's name and mailing address</b> <b>National Harbor Convention and</b> <b>Visitors Association Inc</b> <b>165 Waterfront Street</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 0	<b>Nonpriority creditor's name and mailing address</b> <b>National Lock &amp; Safe Co</b> <b>1401 Westridge Road</b> <b>Lincoln, NE 68523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.190 1	<b>Nonpriority creditor's name and mailing address</b> <b>National Multiple Sclerosis So</b> <b>733 Third Ave Fl 3</b> <b>New York, NY 10017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 2	<b>Nonpriority creditor's name and mailing address</b> <b>National Safe and Vault Inc</b> <b>32778 Van Dyke Avenue</b> <b>Warren, MI 48093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 3	<b>Nonpriority creditor's name and mailing address</b> <b>National Women Veterans</b> <b>922 7th St</b> <b>Rockford, IL 61104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$167.00</b>
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3.190 4	<b>Nonpriority creditor's name and mailing address</b> <b>Ncr Corp</b> <b>PO Box 198755</b> <b>Atlanta, GA 30384-8755</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,787.29</b>
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3.190 5	<b>Nonpriority creditor's name and mailing address</b> <b>Nd Child Support Enforcement</b> <b>PO Box 7280</b> <b>Bismarck, ND 58507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 6	<b>Nonpriority creditor's name and mailing address</b> <b>Ndsu Mens Rugby Club</b> <b>128 Memorial Union Dept 5360</b> <b>PO Box 6050</b> <b>Fargo, ND 58108-6050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 7	<b>Nonpriority creditor's name and mailing address</b> <b>Ne DoI/Boiler Inspection</b> <b>Program</b> <b>550 S 16th St PO Box 94600</b> <b>Lincoln, NE 68509-4600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.190 8	Nonpriority creditor's name and mailing address <b>Nebraska Child Support Payment</b> <b>PO Box 82890</b> <b>Lincoln, NE 68501</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.190 9	Nonpriority creditor's name and mailing address <b>Nebraska Department Of Revenue</b> <b>PO Box 94818</b> <b>Lincoln, NE 68509-4818</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 0	Nonpriority creditor's name and mailing address <b>Nebraska Dept of Health&amp;Human</b> <b>Services Div of Public Health</b> <b>PO Box 22790</b> <b>Lincoln, NE 68502</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 1	Nonpriority creditor's name and mailing address <b>Nebraska Dept Of Revenue</b> <b>Compliance Division</b> <b>PO Box 94609</b> <b>Lincoln, NE 68509</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 2	Nonpriority creditor's name and mailing address <b>Nebraska Humane Society Inc</b> <b>8929 Fort Street</b> <b>Omaha, NE 68134</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 3	Nonpriority creditor's name and mailing address <b>Nebraska Industrial</b> <b>Refrigeration Inc.</b> <b>6921 W Remington Dr</b> <b>Lincoln, NE 68532</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 4	Nonpriority creditor's name and mailing address <b>Nebraska Licensed Beverage Asn</b> <b>8424 W Center Rd Ste 204</b> <b>Omaha, NE 68124</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.191 5	<b>Nonpriority creditor's name and mailing address</b> <b>Nebraska Restaurant Assoc</b> <b>1610 S 70th Street</b> <b>Suite 101</b> <b>Lincoln, NE 68506</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 6	<b>Nonpriority creditor's name and mailing address</b> <b>Nebraska Secretary Of State</b> <b>PO Box 94608</b> <b>Lincoln, NE 68509</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nebraska State Treasurer</b> <b>809 P Street</b> <b>Unclaimed Property Division</b> <b>Lincoln, NE 68508</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 8	<b>Nonpriority creditor's name and mailing address</b> <b>Necker Charms One LLC</b> <b>721 6th Ave</b> <b>De Witt, IA 52742</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.191 9	<b>Nonpriority creditor's name and mailing address</b> <b>Neighborhood Greetings LLC</b> <b>2884 Devils Glen Rd #128</b> <b>Bettendorf, IA 52722</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 0	<b>Nonpriority creditor's name and mailing address</b> <b>Nelbud</b> <b>51 Kowba Lane</b> <b>Indianapolis, IN 46201</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 1	<b>Nonpriority creditor's name and mailing address</b> <b>Nelbud Services Group Inc</b> <b>51 Koweba Lane</b> <b>Indianapolis, IN 46201</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.192 2	<b>Nonpriority creditor's name and mailing address</b> <b>Neptune Plumb &amp; Heating</b> <b>23860 Miles Road</b> <b>Suite G</b> <b>Cleveland, OH 44128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 3	<b>Nonpriority creditor's name and mailing address</b> <b>New Ground Theater</b> <b>2113 E 11th St</b> <b>Davenport, IA 52803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 4	<b>Nonpriority creditor's name and mailing address</b> <b>New Hope Ctr For Grief Support</b> <b>145 N Center St Ste E</b> <b>Northville, MI 48167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 5	<b>Nonpriority creditor's name and mailing address</b> <b>New Tkg Stagemart Ptnrs Lp</b> <b>Storage Mart #1653</b> <b>7401 State Ave</b> <b>Kansas City, KS 66112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 6	<b>Nonpriority creditor's name and mailing address</b> <b>Next Day Signs Toledo Inc</b> <b>2112 N Reynolds Rd</b> <b>Toledo, OH 43615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nh P Garage LLC</b> <b>PO Box 75740</b> <b>Nh Gs Manager</b> <b>Baltimore, MD 21275-5740</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.192 8	<b>Nonpriority creditor's name and mailing address</b> <b>Nh-R Retail LLC</b> <b>PO Box 603719</b> <b>Charlotte, NC 28260-3719</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,549.83</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.192 9	<b>Nonpriority creditor's name and mailing address</b> <b>Nhp Retail</b> <b>PO Box 75740</b> <b>Baltimore, MD 21275-5740</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,414.83</b>
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3.193 0	<b>Nonpriority creditor's name and mailing address</b> <b>Nicholas Turney</b> <b>801 Del Rio Pike Apt R4</b> <b>Franklin, TN 37064</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 1	<b>Nonpriority creditor's name and mailing address</b> <b>Nichols Kaster Plp</b> <b>80 S 8th Ste 4600</b> <b>Minneapolis, MN 55402</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 2	<b>Nonpriority creditor's name and mailing address</b> <b>Nick Leet</b> <b>5029 Dunkirk Place N</b> <b>Minneapolis, MN 55446</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 3	<b>Nonpriority creditor's name and mailing address</b> <b>Nick Meister</b> <b>345 Quilnlan Ave S</b> <b>Lakeland, MN 55043</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 4	<b>Nonpriority creditor's name and mailing address</b> <b>Nick Perry</b> <b>3831 Summersworth Run</b> <b>Fort Wayne, IN 46804</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 5	<b>Nonpriority creditor's name and mailing address</b> <b>Nick Picciola</b> <b>17802 Bos Drive</b> <b>Orland Park, IL 60467</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.193 6	<b>Nonpriority creditor's name and mailing address</b> <b>Nickolas Koudelis</b> <b>11755 Casa Grande Dr</b> <b>Saint Louis, MO 63146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nicolas Domenick</b> <b>132 Rivercrest Dr</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 8	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Estes</b> <b>699 W Big Beaver Rd</b> <b>Troy, MI 48084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.193 9	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Hood</b> <b>9019 Beatrice</b> <b>Livonia, MI 48150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 0	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Kamel</b> <b>27142 Lorraine</b> <b>Warren, MI 48093</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 1	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Kibler</b> <b>395 Georgetown Road</b> <b>Darlington, PA 16115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 2	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Langeland</b> <b>1970 11th Ave E</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.194 3	<b>Nonpriority creditor's name and mailing address</b> <b>Nicor Gas</b> <b>PO Box 5407</b> <b>Carol Stream, IL 60197-5407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,790.80</b>
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3.194 4	<b>Nonpriority creditor's name and mailing address</b> <b>Nifco Mechanical Systems LLC</b> <b>500 Blue Heron Drive</b> <b>Lincoln, NE 68522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 5	<b>Nonpriority creditor's name and mailing address</b> <b>Nikki Ehlers</b> <b>9220 Colby St</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 6	<b>Nonpriority creditor's name and mailing address</b> <b>Nikolas Ritschel Foundation</b> <b>1915 Stratford Lane</b> <b>Rockford, IL 61107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.194 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nipsco Fw</b> <b>PO Box 13007</b> <b>Merrillville, IN 46411-3007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,487.93</b>
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3.194 8	<b>Nonpriority creditor's name and mailing address</b> <b>NJB Enterprises LLC</b> <b>400 Renaissance Center Level I</b> <b>Suite 1407</b> <b>Detroit, MI 48243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$234.92</b>
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3.194 9	<b>Nonpriority creditor's name and mailing address</b> <b>Noahs Ark Animal Sanctuary Inc</b> <b>111 N 1st St</b> <b>Rockford, IL 61107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.195 0	<b>Nonpriority creditor's name and mailing address</b> <b>North American Directory Svcs</b> <b>320 East 27th Street</b> <b>Loveland, CO 80538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 1	<b>Nonpriority creditor's name and mailing address</b> <b>North Dakota Assn of Drug</b> <b>Court Professionals</b> <b>1010 2nd Ave S</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 2	<b>Nonpriority creditor's name and mailing address</b> <b>North Dakota Elite LLC</b> <b>205 19th Ave N</b> <b>Fargo, ND 58102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 3	<b>Nonpriority creditor's name and mailing address</b> <b>North Dakota Ins Department</b> <b>600 E Boulevard Ave</b> <b>Dept 401</b> <b>Bismarck, ND 58505-0320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 4	<b>Nonpriority creditor's name and mailing address</b> <b>North Dakota State Land Dev</b> <b>Unclaimed Property Division</b> <b>PO Box 5523</b> <b>Bismarck, ND 58506-5523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 5	<b>Nonpriority creditor's name and mailing address</b> <b>North End Electric Company Inc</b> <b>2000 Bellaire Ave</b> <b>Royal Oak, MI 48067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 6	<b>Nonpriority creditor's name and mailing address</b> <b>North Hennepin Area</b> <b>Cham Of Commerce</b> <b>229 1st Ave Ne</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.195 7	<b>Nonpriority creditor's name and mailing address</b> <b>North Kansas City Beverage Co</b> <b>203 E 11th Ave</b> <b>Kansas City, MO 64116</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.70</b>
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3.195 8	<b>Nonpriority creditor's name and mailing address</b> <b>Northbrook Chamber Of Commerce</b> <b>202 Walters Ave</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.195 9	<b>Nonpriority creditor's name and mailing address</b> <b>Northern Electric</b> <b>4640 North Chatsworth</b> <b>Saint Paul, MN 55126</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 0	<b>Nonpriority creditor's name and mailing address</b> <b>Northern Mechanical Contractors LLC</b> <b>1975 Seneca Rd Ste 100</b> <b>Saint Paul, MN 55122</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 1	<b>Nonpriority creditor's name and mailing address</b> <b>Northern Mechanical Inc</b> <b>9933 North Alpine</b> <b>Machesney Park, IL 61115</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 2	<b>Nonpriority creditor's name and mailing address</b> <b>Northland Directories</b> <b>PO Box 605</b> <b>Hudson, WI 54016</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 3	<b>Nonpriority creditor's name and mailing address</b> <b>Northland Health Care Access</b> <b>PO Box 14414</b> <b>Kansas City, MO 64152</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.196 4	<b>Nonpriority creditor's name and mailing address</b> <b>Northland Regional Chamber Of Commerce</b> <b>634 Nw Englewood Rd</b> <b>Kansas City, MO 64118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 5	<b>Nonpriority creditor's name and mailing address</b> <b>Northside Welding LLC</b> <b>2618 10th Street Ne</b> <b>Sauk Rapids, MN 56379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 6	<b>Nonpriority creditor's name and mailing address</b> <b>Northstar Facility Svcs Inc</b> <b>30515 Centruy Drive</b> <b>Wixom, MI 48393</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,861.40</b>
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3.196 7	<b>Nonpriority creditor's name and mailing address</b> <b>Northville Eagles Aerie 2504</b> <b>113 S Center</b> <b>Northville, MI 48167</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.196 8	<b>Nonpriority creditor's name and mailing address</b> <b>Northville Township</b> <b>Water and Sewer Department</b> <b>PO Box 674268</b> <b>Detroit, MI 48267-4268</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,818.78</b>
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3.196 9	<b>Nonpriority creditor's name and mailing address</b> <b>Northwest Mechanical Inc</b> <b>PO Box 2708</b> <b>Davenport, IA 52809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 0	<b>Nonpriority creditor's name and mailing address</b> <b>Northwestern Memorial Foundation Inc.</b> <b>442 Williamsburg Avenue</b> <b>Geneva, IL 60134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.197 1	<b>Nonpriority creditor's name and mailing address</b> <b>Nova Communications Inc</b> <b>16305 36th Ave N</b> <b>Ste 450</b> <b>Minneapolis, MN 55446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 2	<b>Nonpriority creditor's name and mailing address</b> <b>Nova Fire Protection Inc</b> <b>304 41st St Sw</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 3	<b>Nonpriority creditor's name and mailing address</b> <b>Novak Elementary Parent</b> <b>Teacher Organization</b> <b>401 29th Avenue</b> <b>Marion, IA 52302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 4	<b>Nonpriority creditor's name and mailing address</b> <b>Np Service and Repair LLC</b> <b>6426 North 149th Ave</b> <b>Omaha, NE 68116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 5	<b>Nonpriority creditor's name and mailing address</b> <b>Nrai Inc</b> <b>PO Box 4349</b> <b>Carol Stream, IL 60197-4349</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 6	<b>Nonpriority creditor's name and mailing address</b> <b>Nrg Radio LLC</b> <b>4343 O Street</b> <b>Lincoln, NE 68510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 7	<b>Nonpriority creditor's name and mailing address</b> <b>Nuco2 Inc</b> <b>PO Box 417902</b> <b>Boston, MA 02241-7902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,227.93</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.197 8	<b>Nonpriority creditor's name and mailing address</b> <b>Nw Navigator Luxury Coaches LL</b> <b>13940 N Rivergate Blvd</b> <b>Portland, OR 97203</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.197 9	<b>Nonpriority creditor's name and mailing address</b> <b>O and W Inc</b> <b>3003 William Ave</b> <b>Ypsilanti, MI 48198</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 0	<b>Nonpriority creditor's name and mailing address</b> <b>Oak Ridge Elementary Pta</b> <b>506 East 13 Mile Rd</b> <b>Royal Oak, MI 48073</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 1	<b>Nonpriority creditor's name and mailing address</b> <b>Oakland Cnty Health Division</b> <b>1200 N Telegraph Rd Dept 432</b> <b>Attn Ehs</b> <b>Pontiac, MI 48341</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 2	<b>Nonpriority creditor's name and mailing address</b> <b>Oakland Jr Grizzlies Hockey Cl</b> <b>2864 Croftshire Ct</b> <b>Rochester, MI 48306</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 3	<b>Nonpriority creditor's name and mailing address</b> <b>Oasis Landscapes LLC</b> <b>623 Main E #202</b> <b>West Fargo, ND 58078</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 4	<b>Nonpriority creditor's name and mailing address</b> <b>Obros Windows LLC</b> <b>1051 Wall Street</b> <b>Big Lake, MN 55309</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.38</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.198 5	<b>Nonpriority creditor's name and mailing address</b> <b>Obtav Ez LLC</b> <b>251 5th St Nw</b> <b>Saint Paul, MN 55112</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 6	<b>Nonpriority creditor's name and mailing address</b> <b>Odle Maumee</b> <b>221 Golden Gate Plaza</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.198 7	<b>Nonpriority creditor's name and mailing address</b> <b>Office Depot</b> <b>PO Box 88040</b> <b>Chicago, IL 60680-1040</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,914.20</b>
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3.198 8	<b>Nonpriority creditor's name and mailing address</b> <b>Office Depot Inc</b> <b>PO Box 633301</b> <b>Cincinnati, OH 45263-3301</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,492.92</b>
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3.198 9	<b>Nonpriority creditor's name and mailing address</b> <b>Office of Attorney General</b> <b>Licensing Section</b> <b>600 E Boulevard Ave Dept 125</b> <b>Bismarck, ND 58505-0040</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.199 0	<b>Nonpriority creditor's name and mailing address</b> <b>Office of State Fire Marshal</b> <b>800 Sw Jackson Ste 104</b> <b>Topeka, KS 66612</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.199 1	<b>Nonpriority creditor's name and mailing address</b> <b>Office Of The State Treasurer</b> <b>500 E Capitol Ave</b> <b>Suite 212</b> <b>Pierre, SD 57501-5070</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 2</div>	Nonpriority creditor's name and mailing address <b>Ohio Bureau Of Workers Compensation PO Box 89492 Cleveland, OH 44101-6492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 3</div>	Nonpriority creditor's name and mailing address <b>Ohio Child Support Payment PO Box 182394 Columbus, OH 43218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 4</div>	Nonpriority creditor's name and mailing address <b>Ohio Dept Of Commerce Div Of Unclaimed Funds 77 South High Street Columbus, OH 43215-6108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 5</div>	Nonpriority creditor's name and mailing address <b>Ohio Division Of Liquor Control 6606 Tussing Rd PO Box 4005 Reynoldsburg, OH 43068-9005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 6</div>	Nonpriority creditor's name and mailing address <b>Ohio Logos Inc 4384 Tuller Road Dublin, OH 43017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 7</div>	Nonpriority creditor's name and mailing address <b>Ohio Services Cle LLC 9075 Town Centre Dr Ste 200 Broadview Heights, OH 44147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199 8</div>	Nonpriority creditor's name and mailing address <b>Okoboji Winessd PO Box 376 Okoboji, IA 51355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.199 9	<b>Nonpriority creditor's name and mailing address</b> <b>Oktober LLC</b> <b>1657 S Getty St Ste 17</b> <b>Muskegon, MI 49442</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 0	<b>Nonpriority creditor's name and mailing address</b> <b>Olathe Cham Of Commerce</b> <b>18103 W 106th St Ste 100</b> <b>Olathe, KS 66061</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 1	<b>Nonpriority creditor's name and mailing address</b> <b>Olathe Parks &amp; Rec Foundation</b> <b>100 E Santa Fe</b> <b>PO Box 768</b> <b>Olathe, KS 66051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 2	<b>Nonpriority creditor's name and mailing address</b> <b>Old Republic Surety Group</b> <b>PO Box 1635</b> <b>Milwaukee, WI 53201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 3	<b>Nonpriority creditor's name and mailing address</b> <b>Oliphant Lock and Safe Inc</b> <b>131 E Riverside Blvd</b> <b>Loves Park, IL 61111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 4	<b>Nonpriority creditor's name and mailing address</b> <b>Olivia A Garza</b> <b>2012 Pierce Ave</b> <b>Rockford, IL 61103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 5	<b>Nonpriority creditor's name and mailing address</b> <b>Olympia Plumbing &amp; Sewer Service Inc</b> <b>3245 Quail Ridge Circle</b> <b>Rochester, MI 48309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$695.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.200 6	<b>Nonpriority creditor's name and mailing address</b> <b>Omaha Chamber Of Commerce</b> <b>1301 Harney Street</b> <b>Omaha, NE 68102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 7	<b>Nonpriority creditor's name and mailing address</b> <b>Omaha Door &amp; Window Co Inc</b> <b>4665 G Street</b> <b>Omaha, NE 68117-1489</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 8	<b>Nonpriority creditor's name and mailing address</b> <b>Omaha False Alarm</b> <b>Reduction Program</b> <b>PO Box 958932</b> <b>Saint Louis, MO 63195-8932</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.200 9	<b>Nonpriority creditor's name and mailing address</b> <b>Omaha Parks Foundation Inc</b> <b>11225 Davenport St #108</b> <b>Omaha, NE 68154</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 0	<b>Nonpriority creditor's name and mailing address</b> <b>Omni Brewing Company LLC</b> <b>9462 Deerwood Lane N</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 1	<b>Nonpriority creditor's name and mailing address</b> <b>Omni Grove Park Inn LLC</b> <b>290 Macon Ave</b> <b>Asheville, NC 28804</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 2	<b>Nonpriority creditor's name and mailing address</b> <b>One Bounce Golf LLC</b> <b>6904 Forest Hills Rd</b> <b>Loves Park, IL 61111</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.201 3	<b>Nonpriority creditor's name and mailing address</b> <b>Oneals Restoration Inc</b> <b>4076 Locerbie Cir</b> <b>Spring Hill, TN 37174</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 4	<b>Nonpriority creditor's name and mailing address</b> <b>Onesimo Aleman</b> <b>1480 Jersey Way</b> <b>Chanhasen, MN 55317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 5	<b>Nonpriority creditor's name and mailing address</b> <b>Onezone Inc</b> <b>10305 Allisonville Rd Ste B</b> <b>Fishers, IN 46038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 6	<b>Nonpriority creditor's name and mailing address</b> <b>Opentable Inc</b> <b>29109 Network Place</b> <b>Chicago, IL 60673-1291</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,727.81</b>
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3.201 7	<b>Nonpriority creditor's name and mailing address</b> <b>Oppd Omaha</b> <b>PO Box 3995</b> <b>Omaha, NE 68103-0995</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,914.27</b>
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3.201 8	<b>Nonpriority creditor's name and mailing address</b> <b>Optiv Security Inc</b> <b>PO Box 28216 Network Place</b> <b>Chicago, IL 60673-1282</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.201 9	<b>Nonpriority creditor's name and mailing address</b> <b>Oracle America Inc</b> <b>15612 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.202 0	<b>Nonpriority creditor's name and mailing address</b> <b>Orchestra Assn of Troy High</b> <b>1796 Carpenter</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 1	<b>Nonpriority creditor's name and mailing address</b> <b>Orland Park Area</b> <b>Chamber Of Commerce</b> <b>8799 West 151st Street</b> <b>Orland Park, IL 60462</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 2	<b>Nonpriority creditor's name and mailing address</b> <b>Orland Park Crossing li LLC</b> <b>14400 S John Humphrey Dr</b> <b>Suite 200</b> <b>Orland Park, IL 60462</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 3	<b>Nonpriority creditor's name and mailing address</b> <b>Orland Youth Assn Girls Prog.</b> <b>20635 Abbey Woods Ct #104</b> <b>Frankfort, IL 60423</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 4	<b>Nonpriority creditor's name and mailing address</b> <b>Oscar Madrigal</b> <b>PO Box 28034</b> <b>Hialeah, FL 33002</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 5	<b>Nonpriority creditor's name and mailing address</b> <b>Osf Healthcare Foundation Inc</b> <b>800 Ne Glen Oak Ave</b> <b>Peoria, IL 61603</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 6	<b>Nonpriority creditor's name and mailing address</b> <b>Osf Healthcare System</b> <b>7800 N Sommer St Ste 508</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.202 7	Nonpriority creditor's name and mailing address <b>Osseo Soccer</b> <b>9581 Orleans Ln N</b> <b>Osseo, MN 55369</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 8	Nonpriority creditor's name and mailing address <b>Otc Markets Group Inc</b> <b>PO Box 29959</b> <b>New York, NY 10087-9959</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.202 9	Nonpriority creditor's name and mailing address <b>Otis Bibbs</b> <b>5173 Emmerson Village Place</b> <b>Apt 108</b> <b>Indianapolis, IN 46237</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 0	Nonpriority creditor's name and mailing address <b>Otsego Music Boosters</b> <b>18805 Tontogany Creek Rd</b> <b>Bowling Green, OH 43402</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 1	Nonpriority creditor's name and mailing address <b>Ottenbergs Bakery</b> <b>PO Box 37285</b> <b>Baltimore, MD 21297</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 2	Nonpriority creditor's name and mailing address <b>Our Lady Of Lourdes School</b> <b>14000 Sw 112st</b> <b>Miami, FL 33186</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 3	Nonpriority creditor's name and mailing address <b>Our Lady Of Mount Carmel Inc</b> <b>14598 Oak Ridge Rd</b> <b>Carmel, IN 46032</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.203 4	<b>Nonpriority creditor's name and mailing address</b> <b>Outfront Media Inc</b> <b>PO Box 33074</b> <b>Newark, NJ 07188</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ovarian Cancer Connection Inc</b> <b>5577 Airport Hwy Ste 206</b> <b>Toledo, OH 43615</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 6	<b>Nonpriority creditor's name and mailing address</b> <b>Owens State Community College</b> <b>PO Box 10,000</b> <b>Toledo, OH 43699</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 7	<b>Nonpriority creditor's name and mailing address</b> <b>Owens Technology Companies Inc</b> <b>930 E 80th St</b> <b>Minneapolis, MN 55420</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,952.91</b>
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3.203 8	<b>Nonpriority creditor's name and mailing address</b> <b>Oxon Hill Volunteer Fire and Rescue Co Inc</b> <b>PO Box 259</b> <b>Oxon Hill, MD 20750</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.203 9	<b>Nonpriority creditor's name and mailing address</b> <b>P and T Elite Plumb Co LLC</b> <b>9701 Pompey Ct</b> <b>Upper Marlboro, MD 20772</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 0	<b>Nonpriority creditor's name and mailing address</b> <b>P G Dephillips Inc</b> <b>111 Space Park South Drive</b> <b>Nashville, TN 37211</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.204 1	<b>Nonpriority creditor's name and mailing address</b> <b>Pablo Dahbura</b> <b>13000 Sw 103 Ave</b> <b>Miami, FL 33176</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 2	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Commercial Svcs LLC</b> <b>9101 Lbj Freeway Ste 700</b> <b>Dallas, TX 75243</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 3	<b>Nonpriority creditor's name and mailing address</b> <b>Packers Outlet Inc</b> <b>260 N 24th Ave</b> <b>Minneapolis, MN 55411</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 4	<b>Nonpriority creditor's name and mailing address</b> <b>Paddock Publications Inc</b> <b>PO Box 3204</b> <b>Arlington Heights, IL 60006</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 5	<b>Nonpriority creditor's name and mailing address</b> <b>Paige Hanegraaf</b> <b>3600 American Blvd W Ste 400</b> <b>Minneapolis, MN 55431</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 6	<b>Nonpriority creditor's name and mailing address</b> <b>Palatine Public Library</b> <b>District Foundation Inc.</b> <b>700 North Court</b> <b>Palatine, IL 60067</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 7	<b>Nonpriority creditor's name and mailing address</b> <b>Pame Nfp</b> <b>6806 N Water Oak Dr</b> <b>Edwards, IL 61528</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.204 8	<b>Nonpriority creditor's name and mailing address</b> <b>Panacea Meadery LLC</b> <b>804 W Cherokee St</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.204 9	<b>Nonpriority creditor's name and mailing address</b> <b>Pancreatic Cancer Action</b> <b>Network Inc</b> <b>1500 Rosecrans Ave Ste 200</b> <b>Manhattan Beach, CA 90266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 0	<b>Nonpriority creditor's name and mailing address</b> <b>Panda Distribution Inc</b> <b>77 S Bedford St Ste 350</b> <b>Burlington, MA 01803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 1	<b>Nonpriority creditor's name and mailing address</b> <b>Paragon Foods</b> <b>PO Box 645423</b> <b>Pittsburgh, PA 15264-5423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,718.47</b>
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3.205 2	<b>Nonpriority creditor's name and mailing address</b> <b>Parkway School District</b> <b>455 North Woods Mill Road</b> <b>Chesterfield, MO 63017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 3	<b>Nonpriority creditor's name and mailing address</b> <b>Party Inflators LLC</b> <b>7200 Whitestone Circle</b> <b>Lincoln, NE 68507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 4	<b>Nonpriority creditor's name and mailing address</b> <b>Patricia Dalton</b> <b>747 John Daly</b> <b>Inkster, MI 48141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.205 5	<b>Nonpriority creditor's name and mailing address</b> <b>Patricia Meyer</b> <b>4225 10th Avenue</b> <b>Leavenworth, KS 66048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 6	<b>Nonpriority creditor's name and mailing address</b> <b>Patrick Boyland</b> <b>1617 Liberty Street</b> <b>Hanover Park, IL 60133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 7	<b>Nonpriority creditor's name and mailing address</b> <b>Patrick Michael Umphrey</b> <b>3441 Elm Creek Drive</b> <b>Hamel, MN 55340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 8	<b>Nonpriority creditor's name and mailing address</b> <b>Paul Christian Konobeck</b> <b>1214 N 1st St</b> <b>Stillwater, MN 55082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.205 9	<b>Nonpriority creditor's name and mailing address</b> <b>Paul E Persing</b> <b>7200 W Maple St</b> <b>Sioux Falls, SD 57107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 0	<b>Nonpriority creditor's name and mailing address</b> <b>Paul Larson</b> <b>15460 108th Place N</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 1	<b>Nonpriority creditor's name and mailing address</b> <b>Paul Larson LLC</b> <b>2112 Broadway Street Ne #115</b> <b>Minneapolis, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$582.56</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.206 2	<b>Nonpriority creditor's name and mailing address</b> <b>Paul Pershica</b> <b>1300 Summit Oaks Dr</b> <b>Burnsville, MN 55337</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 3	<b>Nonpriority creditor's name and mailing address</b> <b>Paul T Phillips</b> <b>480 K Rd</b> <b>Palmyra, NE 68418</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 4	<b>Nonpriority creditor's name and mailing address</b> <b>Pauline M Zukowski</b> <b>3908 Pleasant Valley Blvd</b> <b>Rockford, IL 61114</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 5	<b>Nonpriority creditor's name and mailing address</b> <b>Paustis &amp; Sons</b> <b>17300 Medina Road</b> <b>Suite 100</b> <b>Minneapolis, MN 55447</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,037.25</b>
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3.206 6	<b>Nonpriority creditor's name and mailing address</b> <b>Paws Up Of Nebraska</b> <b>PO Box 301</b> <b>Wymore, NE 68466</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 7	<b>Nonpriority creditor's name and mailing address</b> <b>Pcr Restorations Inc</b> <b>933 West Longview Ave</b> <b>Mansfield, OH 44906</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.206 8	<b>Nonpriority creditor's name and mailing address</b> <b>Pellitteri Waste Systems</b> <b>PO Box 259426</b> <b>Madison, WI 53725-9426</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.206 9	<b>Nonpriority creditor's name and mailing address</b> <b>Peoples</b> <b>PO Box 644760</b> <b>Pittsburgh, PA 15264-4760</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,130.66</b>
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3.207 0	<b>Nonpriority creditor's name and mailing address</b> <b>Peoria Area Cham Of Commerce</b> <b>403 Ne Jefferson Ave</b> <b>Peoria, IL 61603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 1	<b>Nonpriority creditor's name and mailing address</b> <b>Peoria Area Convention and</b> <b>Visitors Bureau Inc</b> <b>456 Fulton Street Suite 300</b> <b>Peoria, IL 61602</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 2	<b>Nonpriority creditor's name and mailing address</b> <b>Peoria Housing Authority</b> <b>100 S Richard Pryor Pl</b> <b>Peoria, IL 61605</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 3	<b>Nonpriority creditor's name and mailing address</b> <b>Peoria Humane Society</b> <b>2600 N.E. Perry</b> <b>Peoria, IL 61603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 4	<b>Nonpriority creditor's name and mailing address</b> <b>Peoria Lock and Safe Inc</b> <b>1421 Ne Jefferson</b> <b>Peoria, IL 61603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 5	<b>Nonpriority creditor's name and mailing address</b> <b>Pepco</b> <b>PO Box 13608</b> <b>Philadelphia, PA 19101-3608</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.207 6	<b>Nonpriority creditor's name and mailing address</b> <b>Pepsi Cola Inc</b> <b>PO Box 75948</b> <b>Chicago, IL 60675</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,421.48</b>
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3.207 7	<b>Nonpriority creditor's name and mailing address</b> <b>Performant National Payment Center</b> <b>PO Box 205789</b> <b>Dallas, TX 75320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 8	<b>Nonpriority creditor's name and mailing address</b> <b>Perlick Corp</b> <b>Bin 88802</b> <b>Milwaukee, WI 53288-8802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.207 9	<b>Nonpriority creditor's name and mailing address</b> <b>Perpetual Motion Marketing Inc</b> <b>80 S Eight Street Ste 900</b> <b>Minneapolis, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 0	<b>Nonpriority creditor's name and mailing address</b> <b>Perrysburg Plumbing Heating</b> <b>1620 Waters Edge Drive</b> <b>Perrysburg, OH 43551</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 1	<b>Nonpriority creditor's name and mailing address</b> <b>Pesto Inc Morris Visitor</b> <b>PO Box 1584</b> <b>Augusta, GA 30903</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 2	<b>Nonpriority creditor's name and mailing address</b> <b>Pet Refuge Inc</b> <b>4626 Burnett Dr</b> <b>South Bend, IN 46614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.208 3	<b>Nonpriority creditor's name and mailing address</b> <b>Peter Schwabe Inc</b> <b>13890 Bishops Drive Ste 100</b> <b>Brookfield, WI 53005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 4	<b>Nonpriority creditor's name and mailing address</b> <b>Peter Vonbank</b> <b>515 4th Street Ne</b> <b>Saint Michael, MN 55376</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 5	<b>Nonpriority creditor's name and mailing address</b> <b>Petersen Plumbing and Heating</b> <b>926 W 3rd St</b> <b>Davenport, IA 52802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 6	<b>Nonpriority creditor's name and mailing address</b> <b>Peterson Companies</b> <b>12500 Fair Lakes Circle #400</b> <b>Fairfax, VA 22033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226,371.68</b>
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3.208 7	<b>Nonpriority creditor's name and mailing address</b> <b>Peterson Whitaker and Bjork LL</b> <b>3140 Harbor Land Suite 100</b> <b>Plymouth, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 8	<b>Nonpriority creditor's name and mailing address</b> <b>Phillips Mg</b> <b>1999 Shepard Road</b> <b>Saint Paul, MN 55116-0328</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.208 9	<b>Nonpriority creditor's name and mailing address</b> <b>Phillips Wine&amp; Spirits Fintech</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,211.64</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.209 0	<b>Nonpriority creditor's name and mailing address</b> <b>Piazza Produce</b> <b>PO Box 68931</b> <b>Indianapolis, IN 46268-0931</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,130.43</b>
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3.209 1	<b>Nonpriority creditor's name and mailing address</b> <b>Pierre Productions and Promoti</b> <b>2318 Eastwood Cir</b> <b>Monticello, MN 55362</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.209 2	<b>Nonpriority creditor's name and mailing address</b> <b>Pilgrim Dry Cleaners Inc</b> <b>3217 85th Ave N</b> <b>Brooklyn Park, MN 55443</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.209 3	<b>Nonpriority creditor's name and mailing address</b> <b>Pilot Travel Centers LLC</b> <b>PO Box 11407</b> <b>Birmingham, AL 35246-1314</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.209 4	<b>Nonpriority creditor's name and mailing address</b> <b>Pink Ribbon Riders</b> <b>5420 Bleckley Rd Ste 334</b> <b>Battle Creek, MI 49015</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.209 5	<b>Nonpriority creditor's name and mailing address</b> <b>Pinnacle Productions Inc</b> <b>121 South Williams Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.209 6	<b>Nonpriority creditor's name and mailing address</b> <b>Pioneer Credit Recovery</b> <b>PO Box 158</b> <b>Arcade, NY 14009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.209 7	<b>Nonpriority creditor's name and mailing address</b> <b>Piper Plumb &amp; Drain Service</b> <b>4551 N 123rd Ter</b> <b>C/O Burlingame Enterprises</b> <b>Kansas City, KS 66109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$365.12</b>
3.209 8	<b>Nonpriority creditor's name and mailing address</b> <b>Pipeworks Production LLC</b> <b>3912 W Mclean Ave Ste B</b> <b>Chicago, IL 60647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.67</b>
3.209 9	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global</b> <b>Financial Svcs LLC</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$329.03</b>
3.210 0	<b>Nonpriority creditor's name and mailing address</b> <b>Plans Examiners Inc</b> <b>1000 Church Hill Road</b> <b>Suite 210</b> <b>Pittsburgh, PA 15205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.210 1	<b>Nonpriority creditor's name and mailing address</b> <b>Plastic Resource Inc</b> <b>7887 95th Street South</b> <b>Cottage Grove, MN 55016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.210 2	<b>Nonpriority creditor's name and mailing address</b> <b>Platte Cnty Collector</b> <b>415 Third Street</b> <b>C/O Sheila L Palmer</b> <b>Platte City, MO 64079-8475</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.210 3	<b>Nonpriority creditor's name and mailing address</b> <b>Platte County Clerk</b> <b>Liquor Licensing</b> <b>415 3rd St Rm 116</b> <b>Platte City, MO 64079</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.210 4	<b>Nonpriority creditor's name and mailing address</b> <b>Playerlync LLC</b> <b>5690 Dtc Blvd Ste 450e</b> <b>Greenwood Village, CO 80111</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.210 5	<b>Nonpriority creditor's name and mailing address</b> <b>Players For Pits Nfp</b> <b>811 Stanford Lane</b> <b>Carol Stream, IL 60188</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.210 6	<b>Nonpriority creditor's name and mailing address</b> <b>Playnetwork Inc</b> <b>PO Box 21550</b> <b>New York, NY 10087-1550</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.210 7	<b>Nonpriority creditor's name and mailing address</b> <b>Pleasure Driveway and Park</b> <b>District of Peoria</b> <b>1125 W Lake Ave</b> <b>Peoria, IL 61614</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.210 8	<b>Nonpriority creditor's name and mailing address</b> <b>Plexus Company Inc</b> <b>PO Box 2925</b> <b>Fargo, ND 58108-2925</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.58</b>
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3.210 9	<b>Nonpriority creditor's name and mailing address</b> <b>Plymouth Hs Boys Swimming and Diving Club</b> <b>8400 N Beck Rd</b> <b>Canton, MI 48187</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 0	<b>Nonpriority creditor's name and mailing address</b> <b>Pmc Design LLC</b> <b>18328 Boyd St</b> <b>Elkhorn, NE 68022</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.211 1	<b>Nonpriority creditor's name and mailing address</b> <b>Pods Enterprises Inc</b> <b>PO Box 791003</b> <b>Baltimore, MD 21279-1003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$459.95</b>
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3.211 2	<b>Nonpriority creditor's name and mailing address</b> <b>Polar Leasing Company Inc</b> <b>4410 New Haven Ave</b> <b>Fort Wayne, IN 46803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 3	<b>Nonpriority creditor's name and mailing address</b> <b>Polk County Sheriff</b> <b>Civil Division</b> <b>225 5th Ave</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 4	<b>Nonpriority creditor's name and mailing address</b> <b>Poly Vinyl Roofing Inc</b> <b>785 Elbow Creek Rd</b> <b>Mount Vernon, IA 52314</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 5	<b>Nonpriority creditor's name and mailing address</b> <b>Pond and Lighting Designs Inc</b> <b>175 James Ave N</b> <b>Minneapolis, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 6	<b>Nonpriority creditor's name and mailing address</b> <b>Popalock</b> <b>652 36th Ave NE</b> <b>Minneapolis, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 7	<b>Nonpriority creditor's name and mailing address</b> <b>Positive Signs LLC</b> <b>7611a Richmond Highway</b> <b>Alexandria, VA 22306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.211 8	<b>Nonpriority creditor's name and mailing address</b> <b>Pottawatomie County Sheriff</b> <b>1400 Big Lake Rd</b> <b>Council Bluffs, IA 51501</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.211 9	<b>Nonpriority creditor's name and mailing address</b> <b>Power Nashville LLC</b> <b>PO Box 681556</b> <b>Franklin, TN 37068</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.212 0	<b>Nonpriority creditor's name and mailing address</b> <b>Power Up Batteries LLC</b> <b>481 Roosevelt Rd</b> <b>Glen Ellyn, IL 60137</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.212 1	<b>Nonpriority creditor's name and mailing address</b> <b>Ppf Rtl Rosedale Shopping Ctr</b> <b>29974 Network Place</b> <b>Morgan Stanley</b> <b>Chicago, IL 60673-1299</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,225.65</b>
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3.212 2	<b>Nonpriority creditor's name and mailing address</b> <b>Prairie State Beverage Inc</b> <b>300 Miles Parkway</b> <b>Bartlett, IL 60103</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$430.80</b>
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3.212 3	<b>Nonpriority creditor's name and mailing address</b> <b>Praxair Distribution Inc</b> <b>Dept Ch 10660</b> <b>Palatine, IL 60055-0660</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,435.52</b>
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3.212 4	<b>Nonpriority creditor's name and mailing address</b> <b>Precious Lesley</b> <b>13721 Chandler St</b> <b>Omaha, NE 68138</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.212 5	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Cleaning LLC</b> <b>PO Box 1131</b> <b>Fargo, ND 58107</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,775.00</b>
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3.212 6	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Waste Solutions LLC</b> <b>PO Box 18856</b> <b>Shreveport, LA 71138</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.212 7	<b>Nonpriority creditor's name and mailing address</b> <b>Preeclampsia Foundation</b> <b>6767 N Wickham Rd Ste 400</b> <b>Melbourne, FL 32940</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.212 8	<b>Nonpriority creditor's name and mailing address</b> <b>Premier Beverage Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Suite 2</b> <b>Tampa, FL 33607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$743.66</b>
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3.212 9	<b>Nonpriority creditor's name and mailing address</b> <b>Premiere Credit Of North America</b> <b>PO Box 19309</b> <b>Indianapolis, IN 46219</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 0	<b>Nonpriority creditor's name and mailing address</b> <b>Premiere Services Inc</b> <b>400 N Main St</b> <b>Goshen, IN 46528</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 1	<b>Nonpriority creditor's name and mailing address</b> <b>Premiermidwest Beverage Co</b> <b>10367 South 134th St</b> <b>Omaha, NE 68138</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.213 2	<b>Nonpriority creditor's name and mailing address</b> <b>Premium Electric Co Inc</b> <b>2550 Hilton Road</b> <b>Ferndale, MI 48220-1544</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,603.60</b>
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3.213 3	<b>Nonpriority creditor's name and mailing address</b> <b>Premium Electric Co Inc.</b> <b>2550 Hilton Road</b> <b>Ferndale, MI 48220-1544</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,603.60</b>
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3.213 4	<b>Nonpriority creditor's name and mailing address</b> <b>Prepass</b> <b>PO Box 52774</b> <b>Phoenix, AZ 85072-2774</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 5	<b>Nonpriority creditor's name and mailing address</b> <b>Prescott Elementary PTO</b> <b>1930 S 20th Street</b> <b>Lincoln, NE 68502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 6	<b>Nonpriority creditor's name and mailing address</b> <b>Prescription Landscape</b> <b>PO Box 856827</b> <b>Minneapolis, MN 55485-6827</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 7	<b>Nonpriority creditor's name and mailing address</b> <b>Preston Waith</b> <b>502 East Willow St</b> <b>Harrisburg, SD 57032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.213 8	<b>Nonpriority creditor's name and mailing address</b> <b>Primary Business Corp</b> <b>3355 Heritage Lane</b> <b>Saint Paul, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.213 9	<b>Nonpriority creditor's name and mailing address</b> <b>Prince George County Treasurer</b> <b>14741 Gov. Oden Bowie Drive</b> <b>Suite 3200</b> <b>Upper Marlboro, MD 20772</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,787.58</b>
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3.214 0	<b>Nonpriority creditor's name and mailing address</b> <b>Prince Georges County</b> <b>5012 Rhode Island Ave Rm 204</b> <b>Hyattsville, MD 20781</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 1	<b>Nonpriority creditor's name and mailing address</b> <b>Prince Georges County</b> <b>9200 Basil Court Ste 420</b> <b>Upper Marlboro, MD 20774</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 2	<b>Nonpriority creditor's name and mailing address</b> <b>Prince of Peace Council</b> <b>No. 7909 Knights of Columbus</b> <b>PO Box 2577</b> <b>Olathe, KS 66063-2577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.214 3	<b>Nonpriority creditor's name and mailing address</b> <b>Pro Courier Inc</b> <b>8375 Sunset Rd E</b> <b>Minneapolis, MN 55432-1315</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 4	<b>Nonpriority creditor's name and mailing address</b> <b>Pro Refrigeration Inc</b> <b>PO Box 1528</b> <b>Auburn, WA 98071-1528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 5	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Audio Visual Syst</b> <b>1113 Murfreesboro Rd Suite 206</b> <b>Franklin, TN 37067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.214 6	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Food Equipment Sv</b> <b>PO Box 80337</b> <b>Fort Wayne, IN 46898</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$186.92</b>
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3.214 7	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Hygiene Inc</b> <b>Enviro Master Of St Louis</b> <b>777 Merus Court</b> <b>Fenton, MO 63026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 8	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Sports</b> <b>Publications Inc.</b> <b>570 Elmont Road</b> <b>Elmont, NY 11003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.214 9	<b>Nonpriority creditor's name and mailing address</b> <b>Program One Professional</b> <b>Building Svc</b> <b>960 Rand Rd Ste 113c</b> <b>Des Plaines, IL 60016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
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3.215 0	<b>Nonpriority creditor's name and mailing address</b> <b>Property Investors LLC</b> <b>700 N Cotner Blvd</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 1	<b>Nonpriority creditor's name and mailing address</b> <b>Prospect Meadows Inc</b> <b>1890 County Home Road</b> <b>Marion, IA 52302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 2	<b>Nonpriority creditor's name and mailing address</b> <b>Prospero Equipment Corp</b> <b>123 Castleton Street</b> <b>Pleasantville, NY 10570</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.215 3	Nonpriority creditor's name and mailing address <b>Ps3 Enterprises Inc</b> <b>PO Box 396</b> <b>Blue Grass, IA 52726</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 4	Nonpriority creditor's name and mailing address <b>Ptsa Michigan Congress Of</b> <b>Parents Teachers and Students</b> <b>240 Nahma</b> <b>Clawson, MI 48017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 5	Nonpriority creditor's name and mailing address <b>Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 6	Nonpriority creditor's name and mailing address <b>Qc Animal Welfare Center</b> <b>724 W 2nd Ave</b> <b>Milan, IL 61264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 7	Nonpriority creditor's name and mailing address <b>Qsr Automations Inc</b> <b>2301 Stanley Gault Parkway</b> <b>Louisville, KY 40223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 8	Nonpriority creditor's name and mailing address <b>Quackenbush Vinyl&amp; Leather</b> <b>546 Oak Ridge Drive</b> <b>Darien, WI 53114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.215 9	Nonpriority creditor's name and mailing address <b>Quad Cities Chamber Of</b> <b>Commerce</b> <b>1601 River Dr Ste 310</b> <b>Moline, IL 61265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.** Case number (if known) **19-43756**

Name

3.216 0	<b>Nonpriority creditor's name and mailing address</b> <b>Quad Cities Convention and Visitors Bureau</b> <b>1601 River Drive Ste 110</b> <b>Moline, IL 61265</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 1	<b>Nonpriority creditor's name and mailing address</b> <b>Quad Cities Intrfrth Sponsoring Committee</b> <b>601 Brady St Ste 208</b> <b>Davenport, IA 52803</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 2	<b>Nonpriority creditor's name and mailing address</b> <b>Quad City All Breed Horse Asso</b> <b>PO Box 555</b> <b>Milan, IL 61264</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 3	<b>Nonpriority creditor's name and mailing address</b> <b>Quad City Window Cleaning Inc</b> <b>PO Box 635</b> <b>Walcott, IA 52773</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 4	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Care Storage LLC</b> <b>761 Camp Cardinal Blvd</b> <b>Coralville, IA 52241</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$371.58</b>
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3.216 5	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Plumbing Inc</b> <b>1731 Howell Street</b> <b>Kansas City, MO 64116</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 6	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Trusted Construction and Roofing Inc.</b> <b>6909 Winnetka Ave North</b> <b>Minneapolis, MN 55428</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.216 7	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Upholstery</b> <b>1113 71st Avenue South</b> <b>Fargo, ND 58104-7310</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 8	<b>Nonpriority creditor's name and mailing address</b> <b>Queen Of The Rosary</b> <b>690 W Elk Grove Blvd</b> <b>Elk Grove Village, IL 60007</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.216 9	<b>Nonpriority creditor's name and mailing address</b> <b>Questo Inc</b> <b>PO Box 936562</b> <b>Atlanta, GA 31193</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 0	<b>Nonpriority creditor's name and mailing address</b> <b>R and L Hood Cleaning Svcs Inc</b> <b>Hood Guyz</b> <b>7711 N Military Trail Ste 220</b> <b>Palm Beach Gardens, FL 33410</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 1	<b>Nonpriority creditor's name and mailing address</b> <b>R J Ries/Vallet</b> <b>601 S Main Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.05</b>
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3.217 2	<b>Nonpriority creditor's name and mailing address</b> <b>Rachael Elizabeth Knowles</b> <b>407 Kingsbury Rd</b> <b>Metamora, IL 61548</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 3	<b>Nonpriority creditor's name and mailing address</b> <b>Rachel Baker</b> <b>12891 Maison Ladue Drive</b> <b>Saint Louis, MO 63141</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.217 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rachel Marchione</b> <b>20509 Northville Place Dr</b> <b>Apt 2015</b> <b>Northville, MI 48167</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 5	<b>Nonpriority creditor's name and mailing address</b> <b>Rachelle B Abrams</b> <b>3210 S 10th St</b> <b>Milwaukee, WI 53215</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 6	<b>Nonpriority creditor's name and mailing address</b> <b>Radio Fargo Moorhead Inc</b> <b>PO Box 9919</b> <b>Fargo, ND 58106</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.217 7	<b>Nonpriority creditor's name and mailing address</b> <b>Rainbow Irrigation and</b> <b>Backflow Prevention Inc</b> <b>300 N River Rd</b> <b>Fox River Grove, IL 60021</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,465.00</b>
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3.217 8	<b>Nonpriority creditor's name and mailing address</b> <b>Ralph Decker</b> <b>98 Ventura Ct</b> <b>Naperville, IL 60540</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.217 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rames Enterprises Inc.</b> <b>1012 E 63rd St</b> <b>Sioux Falls, SD 57108</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$718.88</b>
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3.218 0	<b>Nonpriority creditor's name and mailing address</b> <b>Ramsey Cnty</b> <b>Sds 12-2411</b> <b>PO Box 86</b> <b>Minneapolis, MN 55486-2411</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.218 1	<b>Nonpriority creditor's name and mailing address</b> <b>Randy Norman</b> <b>7080 Oak Grove Blvd</b> <b>Minneapolis, MN 55423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 2	<b>Nonpriority creditor's name and mailing address</b> <b>Ranulfo Najera</b> <b>801 Plaza Drive</b> <b>Schaumburg, IL 60173</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 3	<b>Nonpriority creditor's name and mailing address</b> <b>Rave Associates Inc</b> <b>260 Metty Dr Ste H</b> <b>Ann Arbor, MI 48103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rayvon Riggins</b> <b>1738 Stanton Terrace SE</b> <b>Washington, DC 20020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 5	<b>Nonpriority creditor's name and mailing address</b> <b>Reagan Delaney Tokes Memorial</b> <b>10185 Cameilla St</b> <b>Pompano Beach, FL 33076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 6	<b>Nonpriority creditor's name and mailing address</b> <b>Real Clean Inc</b> <b>3723 Goshen Road</b> <b>Fort Wayne, IN 46818</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
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3.218 7	<b>Nonpriority creditor's name and mailing address</b> <b>Reardon Office Equip</b> <b>PO Box 128</b> <b>Moorhead, MN 56560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$674.16</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.218 8	Nonpriority creditor's name and mailing address <b>Rebecca A Olson</b> <b>324 S Fountain</b> <b>Wichita, KS 67218</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.218 9	Nonpriority creditor's name and mailing address <b>Rebecca Bullock</b> <b>5861 Houghten</b> <b>Washington, MI 48094</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 0	Nonpriority creditor's name and mailing address <b>Reco Gale</b> <b>4325 Denison</b> <b>Cleveland, OH 44109</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 1	Nonpriority creditor's name and mailing address <b>Red Bull</b> <b>PO Box 204750</b> <b>Dallas, TX 75320-4750</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.00</b>
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3.219 2	Nonpriority creditor's name and mailing address <b>Red River Refrigeration</b> <b>160 8th Ave NW</b> <b>West Fargo, ND 58078</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.00</b>
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3.219 3	Nonpriority creditor's name and mailing address <b>Red Sky Sports Venture LLC</b> <b>1201 River Drive</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 4	Nonpriority creditor's name and mailing address <b>Redford Lock Company Inc</b> <b>46085 Grand River Ave</b> <b>Novi, MI 48374</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.219 5	<b>Nonpriority creditor's name and mailing address</b> <b>Redford Union High School Band Boosters</b> <b>15933 Fox</b> <b>Redford, MI 48239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 6	<b>Nonpriority creditor's name and mailing address</b> <b>Reese Electric Motor Co Inc</b> <b>200 East Ave</b> <b>Ames, IA 50010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 7	<b>Nonpriority creditor's name and mailing address</b> <b>Regency Centers LP</b> <b>1568 Solutions Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150,743.61</b>
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3.219 8	<b>Nonpriority creditor's name and mailing address</b> <b>Regulatory Compliance Svcs Inc</b> <b>PO Box 1779</b> <b>Tallahassee, FL 32302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.219 9	<b>Nonpriority creditor's name and mailing address</b> <b>Reis Northville LLC</b> <b>17800 Laurel Park Dr North Suite 200C</b> <b>Livonia, MI 48152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.220 0	<b>Nonpriority creditor's name and mailing address</b> <b>Relocation Today Inc</b> <b>NW 7215 PO Box 1450</b> <b>Minneapolis, MN 55485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.00</b>
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3.220 1	<b>Nonpriority creditor's name and mailing address</b> <b>Rena E Ventimiglia</b> <b>18959 Mayfield</b> <b>Livonia, MI 48152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.220 2	<b>Nonpriority creditor's name and mailing address</b> <b>Renaissance High School</b> <b>Baseball Foundation LLC</b> <b>22194 Arbor Lane</b> <b>Farmington, MI 48336</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.220 3	<b>Nonpriority creditor's name and mailing address</b> <b>Republic National</b> <b>4101 North Potsdam Ave</b> <b>Sioux Falls, SD 57104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,060.64</b>
3.220 4	<b>Nonpriority creditor's name and mailing address</b> <b>Republic National Fg</b> <b>PO Box 1940</b> <b>Fargo, ND 58107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,229.13</b>
3.220 5	<b>Nonpriority creditor's name and mailing address</b> <b>Republic National IN Fintech</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$490.48</b>
3.220 6	<b>Nonpriority creditor's name and mailing address</b> <b>Republic National NE Fintech</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,329.23</b>
3.220 7	<b>Nonpriority creditor's name and mailing address</b> <b>Responder Rescue Inc</b> <b>3711 Mexico Rd</b> <b>Saint Charles, MO 63303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.220 8	<b>Nonpriority creditor's name and mailing address</b> <b>Restaurant Technologies Inc</b> <b>2250 Pilot Knob Rd</b> <b>Saint Paul, MN 55120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,108.43</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.220 9	<b>Nonpriority creditor's name and mailing address</b> <b>Resurgence Legal Group PC</b> <b>3000 Lakeside Dr #309-S</b> <b>Deerfield, IL 60015</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.221 0	<b>Nonpriority creditor's name and mailing address</b> <b>Revenue Management Solutions</b> <b>777 S Harbour Island Blvd</b> <b>Suite 890</b> <b>Tampa, FL 33602</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,416.67</b>
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3.221 1	<b>Nonpriority creditor's name and mailing address</b> <b>Revlocal LLC</b> <b>PO Box 511</b> <b>Mount Vernon, OH 43050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.221 2	<b>Nonpriority creditor's name and mailing address</b> <b>Rhl Enterprises LLC</b> <b>832 Anita Ave</b> <b>Antioch, IL 60002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.221 3	<b>Nonpriority creditor's name and mailing address</b> <b>Rhodesia D Jones</b> <b>1120 Lower Marlboro Rd</b> <b>Huntingtown, MD 20639</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.221 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rhyme Business Products LLC</b> <b>PO Box 338</b> <b>Portage, WI 53901</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.221 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ricardo A Morales Cleaning LLC</b> <b>270 Parkview Ave</b> <b>Indianapolis, IN 46201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.221 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Rice Sound Inc</b>  <b>4640 Williston Rd</b>  <b>Minnetonka, MN 55345</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.221 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard A Lane P Cameron Lane</b>  <b>PO Box 9727</b>  <b>Michigan City, IN 46361</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$108,333.35</b>
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3.221 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard B Boehm</b>  <b>4913 Yukon Ave N</b>  <b>Minneapolis, MN 55428</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.221 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard Baske</b>  <b>17629 Mulberry Ave</b>  <b>Tinley Park, IL 60487</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.222 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard H Lynch</b>  <b>2730 W Lake St #610</b>  <b>Minneapolis, MN 55416</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.222 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard Heckert</b>  <b>621 Broadway Avenue</b>  <b>Mc Kees Rocks, PA 15136</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.222 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Richard Jimenez</b>  <b>9431 Reavis Barracks</b>  <b>Saint Louis, MO 63123</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.222 3	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Lee Lawson Jr</b> <b>70310 Sheridan Dr</b> <b>Edwardsburg, MI 49112</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.222 4	<b>Nonpriority creditor's name and mailing address</b> <b>Richland County Family Court</b> <b>PO Box 192</b> <b>Columbia, SC 29202</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.222 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ridgecrest Foundation Inc.</b> <b>4130 Northwest Blvd</b> <b>Davenport, IA 52806</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.87</b>
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3.222 6	<b>Nonpriority creditor's name and mailing address</b> <b>Right Management Inc</b> <b>24677 Network Place</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.222 7	<b>Nonpriority creditor's name and mailing address</b> <b>Right On Carpentry Inc</b> <b>7140 Harrison Ave</b> <b>Suite 108</b> <b>Rockford, IL 61112</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.00</b>
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3.222 8	<b>Nonpriority creditor's name and mailing address</b> <b>Riley G Holland</b> <b>2227 Knapp St</b> <b>Apt. 201</b> <b>Ames, IA 50014</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.222 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rinos Woodworking Shop Inc</b> <b>36475 Biltmore Place</b> <b>Willoughby, OH 44094</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.223 0	<b>Nonpriority creditor's name and mailing address</b> <b>River Bend Plumbing Services L</b> <b>PO Box 1142</b> <b>Bettendorf, IA 52722</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 1	<b>Nonpriority creditor's name and mailing address</b> <b>Riverband Equine Therapy</b> <b>23875 W State Rt 65</b> <b>Grand Rapids, OH 43522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 2	<b>Nonpriority creditor's name and mailing address</b> <b>Riverfront Holdings Inc</b> <b>Department 77725</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-0725</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$231,906.67</b>
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3.223 3	<b>Nonpriority creditor's name and mailing address</b> <b>Rivertown Electric Inc</b> <b>PO Box 564</b> <b>Hastings, MN 55033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 4	<b>Nonpriority creditor's name and mailing address</b> <b>Riverview Law Office</b> <b>PO Box 570</b> <b>Sauk Rapids, MN 56379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 5	<b>Nonpriority creditor's name and mailing address</b> <b>Rj Distributing Company Inc</b> <b>410 High Point Lane</b> <b>East Peoria, IL 61611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 6	<b>Nonpriority creditor's name and mailing address</b> <b>Rj Thomas Manufacturing Co</b> <b>5648 Hwy 59</b> <b>PO Box 946</b> <b>Cherokee, IA 51012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.223 7	<b>Nonpriority creditor's name and mailing address</b> <b>Rjh Air Conditioning and Refrigeration Service LLC</b> <b>12232 Distribution Place</b> <b>Beltsville, MD 20705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.223 8	<b>Nonpriority creditor's name and mailing address</b> <b>Rk Dixon Inc</b> <b>PO Box 856699</b> <b>Minneapolis, MN 55485-6699</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,706.81</b>
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3.223 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rli Insurance Company Inc</b> <b>9025 N Lindbergh Drive</b> <b>Peoria, IL 61615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 0	<b>Nonpriority creditor's name and mailing address</b> <b>Rm Svcs</b> <b>625 Estes Avenue</b> <b>Schaumburg, IL 60193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 1	<b>Nonpriority creditor's name and mailing address</b> <b>Rms Mechanical Services Inc</b> <b>2493 Brodhead Rd</b> <b>Aliquippa, PA 15001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,593.98</b>
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3.224 2	<b>Nonpriority creditor's name and mailing address</b> <b>Robert A Beall Inc</b> <b>64 Progress Ave</b> <b>Cranberry Twp, PA 16066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 3	<b>Nonpriority creditor's name and mailing address</b> <b>Robert A Harris</b> <b>123 Mohican Dr</b> <b>Oxon Hill, MD 20745</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.224 4	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Asp Elem Parent Teacher Advisory Council</b> <b>900 11th St N</b> <b>Moorhead, MN 56560</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 5	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Beurger</b> <b>7140 Harrison Ave Ste 108</b> <b>Rockford, IL 61112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 6	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Buerger</b> <b>7140 Harrison Ave Ste 108</b> <b>C/O Granite City #20</b> <b>Rockford, IL 61112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 7	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Dodds</b> <b>606 12th Ave</b> <b>Manson, IA 50563</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.224 8	<b>Nonpriority creditor's name and mailing address</b> <b>Robert George Thacker</b> <b>505 Ivanhoe Ave</b> <b>Northfield, MN 55057</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
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3.224 9	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Half International Inc</b> <b>PO Box 743295</b> <b>Los Angeles, CA 90074-3295</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 0	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Hildreth</b> <b>PO Box 61</b> <b>Iowa Falls, IA 50126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.225 1	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Hill</b> <b>19262 Farmington Lave</b> <b>South Bend, IN 46614</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 2	<b>Nonpriority creditor's name and mailing address</b> <b>Robert J Doran</b> <b>1685 Hampton Course</b> <b>Saint Charles, IL 60174</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 3	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Morris Unversity</b> <b>6001 University Blvd</b> <b>Coraopolis, PA 15108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 4	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Neil Mathewson</b> <b>1001 105th Ave NW</b> <b>Minneapolis, MN 55433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>
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3.225 5	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Rosenboom</b> <b>316 Richart St</b> <b>PO Box 131</b> <b>Palmer, IA 50571-0131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 6	<b>Nonpriority creditor's name and mailing address</b> <b>Robert S Bond and Ronna C Wyatt</b> <b>471 W Meadowlark St</b> <b>Gardner, KS 66030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$508.00</b>
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3.225 7	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Stone Jr</b> <b>PO Box 32</b> <b>Isanti, MN 55040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.225 8	<b>Nonpriority creditor's name and mailing address</b> <b>Robert T Miller</b> <b>11320 Tecumseh</b> <b>Redford, MI 48239</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.225 9	<b>Nonpriority creditor's name and mailing address</b> <b>Roberto C Negrete</b> <b>12215 S Strang Line Ct Apt 100</b> <b>Olathe, KS 66062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 0	<b>Nonpriority creditor's name and mailing address</b> <b>Roberts Oxygen Co Inc</b> <b>PO Box 5507</b> <b>Derwood, MD 20855</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65.30</b>
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3.226 1	<b>Nonpriority creditor's name and mailing address</b> <b>Robertson Media Group LLC</b> <b>PO Box 364</b> <b>Franklin, TN 37065</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 2	<b>Nonpriority creditor's name and mailing address</b> <b>Robin Jones</b> <b>200 American Way</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 3	<b>Nonpriority creditor's name and mailing address</b> <b>Robins Adapted Athletics Boost</b> <b>7636 Angeline Dr</b> <b>Minneapolis, MN 55428</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 4	<b>Nonpriority creditor's name and mailing address</b> <b>Robinson Beer and Beverage Inc</b> <b>5899 Steubenville Pk Ste #1</b> <b>Mc Kees Rocks, PA 15136</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.58</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.226 5	<b>Nonpriority creditor's name and mailing address</b> <b>Robinson Township Christian</b> <b>77 Phillips Lane</b> <b>Mc Kees Rocks, PA 15136</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 6	<b>Nonpriority creditor's name and mailing address</b> <b>Robinsonexpress LLC</b> <b>4317 Campbells Run Road</b> <b>Pittsburgh, PA 15205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 7	<b>Nonpriority creditor's name and mailing address</b> <b>Robyn Deloss Henkler</b> <b>11990 101st Ave N</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 8	<b>Nonpriority creditor's name and mailing address</b> <b>Rochelle Wilson</b> <b>1450 N Salina Ave</b> <b>Wichita, KS 67203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.226 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rochester Armored Car</b> <b>PO Box 8 - Dts</b> <b>Omaha, NE 68101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,532.71</b>
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3.227 0	<b>Nonpriority creditor's name and mailing address</b> <b>Rock River Water</b> <b>Reclamation District</b> <b>PO Box 6207</b> <b>Rockford, IL 61125-1207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,124.54</b>
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3.227 1	<b>Nonpriority creditor's name and mailing address</b> <b>Rockford Cham Of Commerce</b> <b>308 W State Street suite 190</b> <b>Rockford, IL 61101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.227 2	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rockford Fine Arts Coalition</b>  <b>ATTN: Carly Schutte</b>  <b>5806 Cape Town Ave</b>  <b>Rockford, IL 61108</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$343.00</b></p>
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3.227 3	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rockford Metropolitan Exposition Auditorium</b>  <b>300 Elm St</b>  <b>Rockford, IL 61101</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.227 4	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rockford Park District</b>  <b>401 S Main St</b>  <b>Rockford, IL 61101</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.227 5	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rockford Public Schools</b>  <b>District 205</b>  <b>501 Seventh St</b>  <b>Rockford, IL 61104</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.227 6	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rockford Rescue Mission</b>  <b>715 W State Street</b>  <b>Rockford, IL 61102</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.227 7	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rocky Mountain Irrigation LLC</b>  <b>538 E Skylark St</b>  <b>Gardner, KS 66030</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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3.227 8	<p>Nonpriority creditor's name and mailing address</p> <p><b>Rocky River Municipal Court</b>  <b>21012 Hullard Blvd</b>  <b>Rocky River, OH 44116</b></p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.227 9	<b>Nonpriority creditor's name and mailing address</b> <b>Roger E Hanley</b> <b>421 15th Ave N</b> <b>Fargo, ND 58102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 0	<b>Nonpriority creditor's name and mailing address</b> <b>Roger Sagrero</b> <b>15085 W 119th St</b> <b>c/o Granite City</b> <b>Olathe, KS 66062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 1	<b>Nonpriority creditor's name and mailing address</b> <b>Rolling Thunder Maryland Chapt</b> <b>PO Box 44152</b> <b>Fort Washington, MD 20744</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 2	<b>Nonpriority creditor's name and mailing address</b> <b>Ronald Jones</b> <b>4847 Baldwin Apt 303</b> <b>Detroit, MI 48214</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 3	<b>Nonpriority creditor's name and mailing address</b> <b>Ronald Rich and Assoc</b> <b>30665 Northwestern Hwy 280</b> <b>Farmington, MI 48334</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rons Fireplace Service Inc</b> <b>1233 Butler Ave</b> <b>Lincoln, NE 68521</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 5	<b>Nonpriority creditor's name and mailing address</b> <b>Roo Entertainment LLC</b> <b>2204 S Roosevelt Ave</b> <b>Sioux Falls, SD 57106</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$559.13</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

Name

3.228 6	<b>Nonpriority creditor's name and mailing address</b> <b>Roofing Technology Inc</b> <b>1726 W 1st Street</b> <b>Davenport, IA 52808</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 7	<b>Nonpriority creditor's name and mailing address</b> <b>Rooftop Solutions</b> <b>2019 Corporate Lane Suite 119</b> <b>Naperville, IL 60563</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 8	<b>Nonpriority creditor's name and mailing address</b> <b>Roosen Varchetti and</b> <b>Olivier PLLC</b> <b>PO Box 2305</b> <b>Mount Clemens, MI 48046</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.228 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rosemount Inc</b> <b>8200 Market Blvd</b> <b>Chanhassen, MN 55317</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 0	<b>Nonpriority creditor's name and mailing address</b> <b>Rossford Band Booster</b> <b>Concession Fund</b> <b>651 Superior</b> <b>Rossford, OH 43460</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 1	<b>Nonpriority creditor's name and mailing address</b> <b>Rossford Elementary Pto</b> <b>203 Eagle Point Rd</b> <b>Rossford, OH 43460</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 2	<b>Nonpriority creditor's name and mailing address</b> <b>Rotary Club Of Waterville</b> <b>PO Box 212</b> <b>Waterville, OH 43566</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.229 3	<b>Nonpriority creditor's name and mailing address</b> <b>Roto Rooter Inc</b> <b>5672 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,250.72</b>
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3.229 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rotorooter</b> <b>5278 Telegraph Road</b> <b>Toledo, OH 43612</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 5	<b>Nonpriority creditor's name and mailing address</b> <b>Rotorooter</b> <b>PO Box 623</b> <b>Sioux Falls, SD 57101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 6	<b>Nonpriority creditor's name and mailing address</b> <b>Rotorooter</b> <b>5672 Collection Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,669.87</b>
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3.229 7	<b>Nonpriority creditor's name and mailing address</b> <b>Rotorooter</b> <b>5672 Collection Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 8	<b>Nonpriority creditor's name and mailing address</b> <b>Rotorooter</b> <b>PO Box 7011</b> <b>Saint Cloud, MN 56302-7011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.229 9	<b>Nonpriority creditor's name and mailing address</b> <b>Routine Clean LLC</b> <b>Pmb 152 2884 Devils Glen Rd</b> <b>Bettendorf, IA 52722</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.230 0	<b>Nonpriority creditor's name and mailing address</b> <b>Roy C Stemmerich</b> <b>134 Lorien Dr</b> <b>Jeannette, PA 15644</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 1	<b>Nonpriority creditor's name and mailing address</b> <b>Royal Publish</b> <b>7620 N Harker Drive</b> <b>Peoria, IL 61615-1849</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 2	<b>Nonpriority creditor's name and mailing address</b> <b>Roys Upholstery Inc</b> <b>1422 15th Street</b> <b>Moline, IL 61265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 3	<b>Nonpriority creditor's name and mailing address</b> <b>Rsr Electric LLC</b> <b>2333 Waters Dr</b> <b>Saint Paul, MN 55120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 4	<b>Nonpriority creditor's name and mailing address</b> <b>Rudey Landscape LLC</b> <b>32 W Burlington Avenue</b> <b>Suite 4</b> <b>Westmont, IL 60559</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 5	<b>Nonpriority creditor's name and mailing address</b> <b>Rush Creek Elementary Pto</b> <b>8801 Country Road 101 N</b> <b>Osseo, MN 55311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 6	<b>Nonpriority creditor's name and mailing address</b> <b>Russell Thomas Monaghan</b> <b>1113 S 30th Ave #3</b> <b>Omaha, NE 68105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.230 7	<b>Nonpriority creditor's name and mailing address</b> <b>Ruth Elizabeth Moreno De Ochoa</b> <b>12211 Brandywine Rd</b> <b>Brandywine, MD 20613</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,700.00</b>
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3.230 8	<b>Nonpriority creditor's name and mailing address</b> <b>Rutts Service and Repair</b> <b>PO Box 5914</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.230 9	<b>Nonpriority creditor's name and mailing address</b> <b>Rw Lawn Works LLC</b> <b>PO Box 344</b> <b>Bonner Springs, KS 66012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 0	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Bronson</b> <b>PO Box 88951</b> <b>Sioux Falls, SD 57109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 1	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Kizzier</b> <b>Lincoln Plumbing</b> <b>2501 Surrey Court</b> <b>Lincoln, NE 68512</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 2	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Lynch</b> <b>95 Havemeyer Unit 1</b> <b>Brooklyn, NY 11211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 3	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Nab</b> <b>13310 W 137th Terrace</b> <b>Overland Park, KS 66221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.231 4	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Vaughan</b> <b>15085 W 119th St</b> <b>Olathe, KS 66062</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 5	<b>Nonpriority creditor's name and mailing address</b> <b>Ryan Williams</b> <b>440 Bezdek Drive Nw</b> <b>Cedar Rapids, IA 52405</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 6	<b>Nonpriority creditor's name and mailing address</b> <b>Ryell Bradley</b> <b>6641 Creek Point Way</b> <b>Alexandria, VA 22315</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 7	<b>Nonpriority creditor's name and mailing address</b> <b>S J Smith Co Inc</b> <b>3707 West River Drive</b> <b>Davenport, IA 52802</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sa Comunale Co Inc</b> <b>2900 Newpark Drive</b> <b>Barberton, OH 44203</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.231 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sadie Krepfle</b> <b>865 Bentley Drive Unit 9</b> <b>Marion, IA 52302</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 0	<b>Nonpriority creditor's name and mailing address</b> <b>Saint Joseph Brewery LLC</b> <b>540 N College Ave</b> <b>Indianapolis, IN 46202</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.232 1	<b>Nonpriority creditor's name and mailing address</b> <b>Salvatore Aluzzo</b> <b>38522 Mt Kisco</b> <b>Sterling Heights, MI 48310</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 2	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha L Smith Allen</b> <b>7611 36th Ave N Apt 304</b> <b>Minneapolis, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 3	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha Luskey</b> <b>11907 23rd Ave N</b> <b>Minneapolis, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 4	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha Robinson</b> <b>529 W Hight St</b> <b>Peoria, IL 61606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 5	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha Schatzman</b> <b>6545 Ohio River Blvd</b> <b>Pittsburgh, PA 15202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 6	<b>Nonpriority creditor's name and mailing address</b> <b>Samco Facilities Maint</b> <b>11878 Brookfield</b> <b>Livonia, MI 48150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,297.85</b>
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3.232 7	<b>Nonpriority creditor's name and mailing address</b> <b>Samuel Ferguson</b> <b>1304 S Lakota Ave</b> <b>Brandon, SD 57005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.232 8	<b>Nonpriority creditor's name and mailing address</b> <b>Samuel L Fross</b> <b>12358 Shoreridge Ct</b> <b>Maryland Heights, MO 63043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.232 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra Masche</b> <b>N6911 Kuhl Rd</b> <b>Waterloo, WI 53594</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 0	<b>Nonpriority creditor's name and mailing address</b> <b>Santucci Plumbing Inc</b> <b>1855 Janke Dr</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 1	<b>Nonpriority creditor's name and mailing address</b> <b>Sara Groom</b> <b>1621 Woodlyn Ave East</b> <b>Saint Paul, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 2	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah Hanggi Kennedy</b> <b>2030 Crabapple Parc Way</b> <b>Roswell, GA 30076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 3	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah Mackin</b> <b>3600 American Blvd W</b> <b>Suite 400</b> <b>Minneapolis, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 4	<b>Nonpriority creditor's name and mailing address</b> <b>Saunders Home Automation LLC</b> <b>17283 70th Ave N</b> <b>Osseo, MN 55311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.233 5	<b>Nonpriority creditor's name and mailing address</b> <b>Schaefer Electric Inc</b> <b>2927 North 84th Street</b> <b>Omaha, NE 68134</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 6	<b>Nonpriority creditor's name and mailing address</b> <b>Schamberger Bros Inc</b> <b>PO Box 7440</b> <b>Villa Park, IL 60181</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$518.80</b>
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3.233 7	<b>Nonpriority creditor's name and mailing address</b> <b>Schamburg Business Association</b> <b>1501 E Woodfield Rd Ste 115n</b> <b>Schaumburg, IL 60173</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.233 8	<b>Nonpriority creditor's name and mailing address</b> <b>Schechter Dokken Kante</b> <b>100 Washington Ave S</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.233 9	<b>Nonpriority creditor's name and mailing address</b> <b>Schechter Dokken Kante</b> <b>100 Washington Ave S</b> <b>Suite 1600</b> <b>Minneapolis, MN 55401-2192</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 0	<b>Nonpriority creditor's name and mailing address</b> <b>Schindler Elevator Corp</b> <b>PO Box 93050</b> <b>Chicago, IL 60673-3050</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 1	<b>Nonpriority creditor's name and mailing address</b> <b>Schneider Graphics Inc</b> <b>6082 Ne 14th Street</b> <b>Des Moines, IA 50313</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.234 2	<b>Nonpriority creditor's name and mailing address</b> <b>Schuckit and Associates PC</b> <b>4545 Northwestern Drive</b> <b>Zionsville, IN 46077</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 3	<b>Nonpriority creditor's name and mailing address</b> <b>Schultes Greenhouse and Nurser</b> <b>2960 La Beaux Ave Ne</b> <b>Saint Michael, MN 55376</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 4	<b>Nonpriority creditor's name and mailing address</b> <b>Schweigert Klemin and McBride</b> <b>1915 N Kavaney Dr 2</b> <b>Bismarck, ND 58501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 5	<b>Nonpriority creditor's name and mailing address</b> <b>Scott Anderson</b> <b>414 Long Drive</b> <b>Pittsburgh, PA 15241</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 6	<b>Nonpriority creditor's name and mailing address</b> <b>Scott County Sheriff</b> <b>400 W 4th St</b> <b>Davenport, IA 52801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.234 7	<b>Nonpriority creditor's name and mailing address</b> <b>Scott County Treasurer</b> <b>600 West 4th Street</b> <b>Davenport, IA 52801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,053.65</b>
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3.234 8	<b>Nonpriority creditor's name and mailing address</b> <b>Scott Kornahuens</b> <b>8909 Bedford Cir</b> <b>Omaha, NE 68114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.234 9	<b>Nonpriority creditor's name and mailing address</b> <b>Scott M Wood</b> <b>Scott Wood Services</b> <b>508 Deer Creek Road</b> <b>Saxonburg, PA 16056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 0	<b>Nonpriority creditor's name and mailing address</b> <b>Scott Rickard</b> <b>2503 Ferndale Ave</b> <b>Ames, IA 50010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 1	<b>Nonpriority creditor's name and mailing address</b> <b>Scott Stegner</b> <b>4011 Lillie Ave #104</b> <b>Davenport, IA 52806</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 2	<b>Nonpriority creditor's name and mailing address</b> <b>Scripps Media Inc</b> <b>PO Box 204224</b> <b>Dallas, TX 75320-4224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 3	<b>Nonpriority creditor's name and mailing address</b> <b>Sd Department Of Health</b> <b>600 E Capitol Ave</b> <b>Hughesville, MD 20637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 4	<b>Nonpriority creditor's name and mailing address</b> <b>Sdk9 Rehabilitation LLC</b> <b>6535 Harvest Ridge Ln</b> <b>Hughesville, MD 20637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 5	<b>Nonpriority creditor's name and mailing address</b> <b>Seamless Roofing Solutions LL</b> <b>12602 W Santa Fe Trail Dr</b> <b>Lenexa, KS 66215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.235 6	<b>Nonpriority creditor's name and mailing address</b> <b>Sean M Fritz</b> <b>29470 John Hauk</b> <b>Garden City, MI 48135</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 7	<b>Nonpriority creditor's name and mailing address</b> <b>Sebastian Buisson</b> <b>7204 Green Meadows Ln</b> <b>Nashville, TN 37221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.235 8	<b>Nonpriority creditor's name and mailing address</b> <b>Second Harvest Heartland Inc.</b> <b>1140 Gervais Ave</b> <b>Saint Paul, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$596.00</b>
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3.235 9	<b>Nonpriority creditor's name and mailing address</b> <b>Secretary Of State State Of No</b> <b>PO Box 5513</b> <b>Bismarck, ND 58506</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.236 0	<b>Nonpriority creditor's name and mailing address</b> <b>Sectional Hockey Tournaments</b> <b>6250 Excelsior Blvd 103</b> <b>Minneapolis, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.236 1	<b>Nonpriority creditor's name and mailing address</b> <b>Secured Retail Networks Inc</b> <b>26000 Towne Centre Dr Ste 100</b> <b>Foothill Ranch, CA 92610</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,850.00</b>
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3.236 2	<b>Nonpriority creditor's name and mailing address</b> <b>Security Incorporated</b> <b>PO Box 274</b> <b>Michigan City, IN 46360</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Security One Svcs</b> <b>PO Box 1910</b> <b>Lees Summit, MO 64063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Security Self Storage Corp</b> <b>355 Bishop Rd</b> <b>Cleveland, OH 44143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Seeds Of Faith Early Learning</b> <b>Center Inc.</b> <b>10395 University Avenue</b> <b>Clive, IA 50325</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Selective Systems Inc</b> <b>4230 Madison Ave</b> <b>Indianapolis, IN 46227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Sentry Security Systems Inc</b> <b>3881 West 95th Street</b> <b>Leawood, KS 66206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Service Electric Of Allen</b> <b>County Inc.</b> <b>PO Box 6129</b> <b>Fort Wayne, IN 46896-6129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Service Experts Heating</b> <b>1702 S Fairfield Ave</b> <b>Fort Wayne, IN 46802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.237 0	<b>Nonpriority creditor's name and mailing address</b> <b>Service Wet Grinding Co</b> <b>1867 Prospect Avenue</b> <b>Cleveland, OH 44115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$136.50</b>
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3.237 1	<b>Nonpriority creditor's name and mailing address</b> <b>Sesac Inc.</b> <b>PO Box 900013</b> <b>Raleigh, NC 27675-9013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 2	<b>Nonpriority creditor's name and mailing address</b> <b>Sewer Service Companies Inc</b> <b>PO Box 100</b> <b>Scandia, MN 55073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 3	<b>Nonpriority creditor's name and mailing address</b> <b>Sf Paraskeva Orthodox Charity</b> <b>PO Box 9103</b> <b>Aurora, IL 60598</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 4	<b>Nonpriority creditor's name and mailing address</b> <b>Shamrock Group</b> <b>2900 Fifth Ave So</b> <b>Minneapolis, MN 55408-2484</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 5	<b>Nonpriority creditor's name and mailing address</b> <b>Shane Allen Major</b> <b>400 4th Street</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.237 6	<b>Nonpriority creditor's name and mailing address</b> <b>Shane Allen Major</b> <b>400 4th Street</b> <b>Box 168</b> <b>Grant, IA 50847</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.237 7	Nonpriority creditor's name and mailing address <b>Shane Bauer</b> <b>5542 Adams St</b> <b>Lincoln, NE 68510</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 8	Nonpriority creditor's name and mailing address <b>Shannon Hill</b> <b>2655 Manistique</b> <b>Detroit, MI 48215</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.237 9	Nonpriority creditor's name and mailing address <b>Shannon Lovejoy</b> <b>3276 Corliss Trail</b> <b>Rosemount, MN 55068</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 0	Nonpriority creditor's name and mailing address <b>Shannon Sutherland</b> <b>9319 Greenway Lane</b> <b>Lenexa, KS 66215</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 1	Nonpriority creditor's name and mailing address <b>Shareef Shaheed</b> <b>331 Fuller Ave Apt 6</b> <b>Saint Paul, MN 55103</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 2	Nonpriority creditor's name and mailing address <b>Shatin C I LLC</b> <b>10701 White Hall Road</b> <b>Hagerstown, MD 21740</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 3	Nonpriority creditor's name and mailing address <b>Shawn Michael Wingate</b> <b>2361 Morningdew Blvd</b> <b>Maumee, OH 43537-1048</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.238 4	<b>Nonpriority creditor's name and mailing address</b> <b>Shawne Murphy Johnson</b> <b>104 Malcom Ave SE</b> <b>Minneapolis, MN 55414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 5	<b>Nonpriority creditor's name and mailing address</b> <b>Shiela Tully Driscoll</b> <b>1750 Glenview Rd</b> <b>Glenview, IL 60025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 6	<b>Nonpriority creditor's name and mailing address</b> <b>Shingobee Builders Inc</b> <b>669 N Medina St</b> <b>Loretto, MN 55357</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.238 7	<b>Nonpriority creditor's name and mailing address</b> <b>Shoes For Crews LLC</b> <b>PO Box 734176</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$273.09</b>
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3.238 8	<b>Nonpriority creditor's name and mailing address</b> <b>Shred It Us Holdco Inc</b> <b>28883 Network Place</b> <b>Chicago, IL 60673-1288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.85</b>
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3.238 9	<b>Nonpriority creditor's name and mailing address</b> <b>Shriners International Murat</b> <b>Shriners Inc.</b> <b>510 N New Jersey St</b> <b>Indianapolis, IN 46204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 0	<b>Nonpriority creditor's name and mailing address</b> <b>Shurgard Storage Centers LLC</b> <b>933 N Illinois St</b> <b>Indianapolis, IN 46204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.239 1	Nonpriority creditor's name and mailing address <b>Sigma Aldrich Inc</b> <b>PO Box 535182</b> <b>Atlanta, GA 30353-5182</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 2	Nonpriority creditor's name and mailing address <b>Sign A Rama Inc</b> <b>6641 Middlebelt Road</b> <b>Garden City, MI 48135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 3	Nonpriority creditor's name and mailing address <b>Sign Solutions LLC</b> <b>3014 North Clinton Street</b> <b>Fort Wayne, IN 46805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 4	Nonpriority creditor's name and mailing address <b>Signage Solutions</b> <b>2231 S Dupont Dr</b> <b>Anaheim, CA 92806-6105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.94</b>
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3.239 5	Nonpriority creditor's name and mailing address <b>Signarama Lv</b> <b>731 Beta Drive</b> <b>Unit D</b> <b>Cleveland, OH 44143</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 6	Nonpriority creditor's name and mailing address <b>Signature Concepts</b> <b>4777 Shady Oak Road</b> <b>Hopkins, MN 55343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,863.81</b>
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3.239 7	Nonpriority creditor's name and mailing address <b>Signature Events Group Ltd</b> <b>400 River Edge Dr</b> <b>Elgin, IL 60123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.239 8	Nonpriority creditor's name and mailing address <b>Signs For Tomorrow Inc</b> <b>2727 Lincoln Dr</b> <b>Saint Paul, MN 55113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.239 9	Nonpriority creditor's name and mailing address <b>Silco Fire&amp; Security</b> <b>10765 Medallion Drive</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 0	Nonpriority creditor's name and mailing address <b>Simonson Plumb</b> <b>PO Box 10</b> <b>Sauk Rapids, MN 56379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 1	Nonpriority creditor's name and mailing address <b>Simplex</b> <b>Dept Ch 10320</b> <b>Palatine, IL 60055-0320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 2	Nonpriority creditor's name and mailing address <b>Simply Storage Partners</b> <b>Reit II LLC</b> <b>1320 E Big Beaver Rd</b> <b>Troy, MI 48083</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 3	Nonpriority creditor's name and mailing address <b>Sioux Empire Pit Rescue Inc</b> <b>PO Box 2321</b> <b>Sioux Falls, SD 57101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 4	Nonpriority creditor's name and mailing address <b>Sioux Empire Rock A Bettys Inc</b> <b>PO Box 88251</b> <b>Sioux Falls, SD 57109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.240 5	<b>Nonpriority creditor's name and mailing address</b> <b>Sioux Falls Area</b> <b>Cham of Commerce</b> <b>PO Box 1425</b> <b>Sioux Falls, SD 57101-1425</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 6	<b>Nonpriority creditor's name and mailing address</b> <b>Sioux Falls Area Humane Soc</b> <b>3720 East Benson Rd</b> <b>Sioux Falls, SD 57110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 7	<b>Nonpriority creditor's name and mailing address</b> <b>Sioux Falls Utilities</b> <b>1201 N Western Ave</b> <b>PO Box 7401</b> <b>Sioux Falls, SD 57117-7401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,414.34</b>
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3.240 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sir Speedy</b> <b>9412 W 143rd Street</b> <b>Orland Park, IL 60462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.240 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sis Auto&amp; Furniture Upholstery</b> <b>6601 Country Road 47</b> <b>Saint Cloud, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 0	<b>Nonpriority creditor's name and mailing address</b> <b>Sjpj LLC</b> <b>3214 Strong Ave</b> <b>Kansas City, KS 66106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$379.00</b>
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3.241 1	<b>Nonpriority creditor's name and mailing address</b> <b>Skokie Valley Beverage</b> <b>199 Shepard Ave</b> <b>Wheeling, IL 60090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.241 2	<b>Nonpriority creditor's name and mailing address</b> <b>SKR Enterprises LLC</b> <b>127 W Wayne St</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 3	<b>Nonpriority creditor's name and mailing address</b> <b>Skyline Beam LLC</b> <b>3933 Curtice Rd</b> <b>Northwood, OH 43619</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 4	<b>Nonpriority creditor's name and mailing address</b> <b>Slbs Limited Partnership</b> <b>3201 Rider Trail South</b> <b>Earth City, MO 63045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.25</b>
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3.241 5	<b>Nonpriority creditor's name and mailing address</b> <b>Smarth Mouth Ventures Inc</b> <b>1310 E Chapman Ave #59</b> <b>Fullerton, CA 92831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 6	<b>Nonpriority creditor's name and mailing address</b> <b>Smithfield Packaged Meats</b> <b>Sales Corp</b> <b>200 Commerce St</b> <b>Smithfield, VA 23430</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 7	<b>Nonpriority creditor's name and mailing address</b> <b>Sofiane B Zareb</b> <b>2286 Whirlaway Ct</b> <b>Indianapolis, IN 46234</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.241 8	<b>Nonpriority creditor's name and mailing address</b> <b>Solution Partners Consulting</b> <b>915 Wedgewood Drive</b> <b>Glenview, IL 60025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.241 9	<b>Nonpriority creditor's name and mailing address</b> <b>Some Good Print Inc</b> <b>28018 Evergreen Run</b> <b>Imperial, PA 15126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.10</b>
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3.242 0	<b>Nonpriority creditor's name and mailing address</b> <b>Soul Harbour Ranch Animal</b> <b>Therapy Program</b> <b>22093 N Countryside Lane</b> <b>Barrington, IL 60010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 1	<b>Nonpriority creditor's name and mailing address</b> <b>South Bend Ripple Brew Co LLC</b> <b>5123 E 68th Street</b> <b>Indianapolis, IN 46220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 2	<b>Nonpriority creditor's name and mailing address</b> <b>South Dakota Boxer Rescue Inc</b> <b>300 S Crawford Rd</b> <b>Vermillion, SD 57069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 3	<b>Nonpriority creditor's name and mailing address</b> <b>South East Cutlery Inc</b> <b>407 East Prospect Road</b> <b>Fort Lauderdale, FL 33334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 4	<b>Nonpriority creditor's name and mailing address</b> <b>South Euclid Lyndhurst City</b> <b>School District</b> <b>5044 Mayfield Rd</b> <b>Cleveland, OH 44124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 5	<b>Nonpriority creditor's name and mailing address</b> <b>South Fargo Junior Olympic</b> <b>Volleyball Inc.</b> <b>PO Box 6561</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.** Case number (if known) **19-43756**

Name

3.242 6	<b>Nonpriority creditor's name and mailing address</b> <b>South Shore Electric Inc</b> <b>PO Box 321</b> <b>Elyria, OH 44036</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 7	<b>Nonpriority creditor's name and mailing address</b> <b>South Side Office Of Concern</b> <b>202 NE Madison Ave</b> <b>Peoria, IL 61602</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 8	<b>Nonpriority creditor's name and mailing address</b> <b>South Side School District</b> <b>4949 State Route 151</b> <b>Hookstown, PA 15050</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.242 9	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Academy Of Irish Danc</b> <b>1710 General George Patton Dr</b> <b>Brentwood, TN 37027</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.243 0	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Glazers Of Missouri</b> <b>1 Glazer Way</b> <b>Saint Charles, MO 63301-4367</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,307.67</b>
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3.243 1	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirit FL FN</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$401.34</b>
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3.243 2	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirit MN FN</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,209.43</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.243 3	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirits of America</b> <b>1600 NW 163rd Street</b> <b>Miami, FL 33169</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$701.69</b>
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3.243 4	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirits of America, Inc.</b> <b>PO Box 90189</b> <b>Lakeland, FL 33804</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.243 5	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirits</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,439.92</b>
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3.243 6	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirits IL FL</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,297.23</b>
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3.243 7	<b>Nonpriority creditor's name and mailing address</b> <b>Southern Wine and Spirts IN FL</b> <b>3109 W Dr MLK Jr. Blvd Suite 2</b> <b>Tampa, FL 33607</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$819.09</b>
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3.243 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sowers Club Of Lincoln Inc</b> <b>1701 S 17th St Ste 1h</b> <b>Lincoln, NE 68502</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.243 9	<b>Nonpriority creditor's name and mailing address</b> <b>SP Plus Corporation</b> <b>150 Potomac Passage</b> <b>Oxon Hill, MD 20745</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$490.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.244 0	<b>Nonpriority creditor's name and mailing address</b> <b>Spe Inc</b> <b>150 Nickerson Street Suite 305</b> <b>Seattle, WA 98109</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.00</b>
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3.244 1	<b>Nonpriority creditor's name and mailing address</b> <b>Special Olympics Illinois</b> <b>605 E Willow St</b> <b>Normal, IL 61761</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.244 2	<b>Nonpriority creditor's name and mailing address</b> <b>Special Olympics Indiana Inc.</b> <b>6200 Technology Center Dr</b> <b>Suite 105</b> <b>Indianapolis, IN 46278</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52.29</b>
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3.244 3	<b>Nonpriority creditor's name and mailing address</b> <b>Special Olympics Missouri Inc</b> <b>305 Special Olympics Drive</b> <b>Jefferson City, MO 65101</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.244 4	<b>Nonpriority creditor's name and mailing address</b> <b>Specialty Enterprises</b> <b>245 Nw 52nd Avenue</b> <b>Des Moines, IA 50313</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.244 5	<b>Nonpriority creditor's name and mailing address</b> <b>Spielmans Event Svcs</b> <b>1380 Stoney Point Rd Sw</b> <b>Cedar Rapids, IA 52404-1081</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.59</b>
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3.244 6	<b>Nonpriority creditor's name and mailing address</b> <b>Spire Missouri Inc</b> <b>Drawer 2</b> <b>Saint Louis, MO 63171</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,659.71</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.244 7	<b>Nonpriority creditor's name and mailing address</b> <b>Spirit Of Peace UCC</b> <b>6509 S Cliff Ave</b> <b>Sioux Falls, SD 57108-8318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.244 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sporcle Inc</b> <b>3610 Albion Pl N #120</b> <b>Seattle, WA 98103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.244 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sport View Television Corp</b> <b>7699 Lochlin Drive</b> <b>Brighton, MI 48116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,106.66</b>
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3.245 0	<b>Nonpriority creditor's name and mailing address</b> <b>Spotlight Media LLC</b> <b>15 Broadway N Ste 500</b> <b>Fargo, ND 58102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 1	<b>Nonpriority creditor's name and mailing address</b> <b>Springfield Local Schools</b> <b>6900 Hall St</b> <b>Holland, OH 43528</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 2	<b>Nonpriority creditor's name and mailing address</b> <b>SS Steiner Inc</b> <b>725 Fifth Ave</b> <b>Floor 23</b> <b>New York, NY 10022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,814.78</b>
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3.245 3	<b>Nonpriority creditor's name and mailing address</b> <b>SSK and Cutlery LLC</b> <b>1020 Holland Dr Ste 120</b> <b>Boca Raton, FL 33487</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.245 4	<b>Nonpriority creditor's name and mailing address</b> <b>St Anthony Parish and School</b> <b>2114 E Jefferson Blvd</b> <b>South Bend, IN 46617</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 5	<b>Nonpriority creditor's name and mailing address</b> <b>St Baldricks Foundation</b> <b>1333 Mayflower Ave. 400</b> <b>Monrovia, CA 91016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 6	<b>Nonpriority creditor's name and mailing address</b> <b>St Brendans Irish Dance Founda</b> <b>3507 S Matthew Dr</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 7	<b>Nonpriority creditor's name and mailing address</b> <b>St Cloud Cham</b> <b>PO Box 487</b> <b>Saint Cloud, MN 56302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245 8	<b>Nonpriority creditor's name and mailing address</b> <b>St Cloud Rainbow Village LLC</b> <b>c/o Doran Companies</b> <b>7803 Glenroy Rd Ste 200</b> <b>Minneapolis, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,983.66</b>
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3.245 9	<b>Nonpriority creditor's name and mailing address</b> <b>St Cloud Refrigeration Inc</b> <b>604 Lincoln Ave NE</b> <b>Saint Cloud, MN 56304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 0	<b>Nonpriority creditor's name and mailing address</b> <b>St Irene Catholic Church</b> <b>28 W 441</b> <b>Warrenville, IL 60555</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.246 1	<b>Nonpriority creditor's name and mailing address</b> <b>St John Catholic Church Of Lincoln Inc.</b> <b>7601 Vine St</b> <b>Lincoln, NE 68505</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 2	<b>Nonpriority creditor's name and mailing address</b> <b>St John Paul II Catholic Schools Network</b> <b>5600 25th Street South</b> <b>Fargo, ND 58104</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 3	<b>Nonpriority creditor's name and mailing address</b> <b>St John The Evangelist Catholic Church</b> <b>126 W Georgia St</b> <b>Indianapolis, IN 46225</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 4	<b>Nonpriority creditor's name and mailing address</b> <b>St Joseph Cnty Treasurer</b> <b>227 W Jefferson Blvd</b> <b>P.O. Box 4758</b> <b>South Bend, IN 46634</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,777.08</b>
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3.246 5	<b>Nonpriority creditor's name and mailing address</b> <b>St Jude Childrens Research Hospital</b> <b>501 St. Jude Place</b> <b>Memphis, TN 38105</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 6	<b>Nonpriority creditor's name and mailing address</b> <b>St Louis Affiliate Of Susan G Komen Breast Cancer Foundation</b> <b>1002 Hi Pointe Place Ste 100</b> <b>Saint Louis, MO 63117</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 7	<b>Nonpriority creditor's name and mailing address</b> <b>St Louis Cnty Dept Of Rev</b> <b>41 South Central Avenue</b> <b>Saint Louis, MO 63105</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.246 8	<b>Nonpriority creditor's name and mailing address</b> <b>St Louis Cnty Treasurer</b> <b>41 S Central Ave</b> <b>Saint Louis, MO 63105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246 9	<b>Nonpriority creditor's name and mailing address</b> <b>St Louis County Dept Of Health</b> <b>6121 N Hanley Rd</b> <b>Saint Louis, MO 63134</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 0	<b>Nonpriority creditor's name and mailing address</b> <b>St Louis Post Dispatch</b> <b>PO Box 790099</b> <b>Saint Louis, MO 63179-0099</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 1	<b>Nonpriority creditor's name and mailing address</b> <b>St Peter Lutheran School</b> <b>202 E Schaumburg Rd</b> <b>Schaumburg, IL 60194</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 2	<b>Nonpriority creditor's name and mailing address</b> <b>St Rose Of Lima Catholic Churc</b> <b>206 Summit St</b> <b>Monroeville, IN 46773</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 3	<b>Nonpriority creditor's name and mailing address</b> <b>St Ursula Academy</b> <b>4025 Indian Rd</b> <b>Toledo, OH 43605-6500</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 4	<b>Nonpriority creditor's name and mailing address</b> <b>St Vincent Hospital and Health</b> <b>2001 West 86th Street</b> <b>Indianapolis, IN 46260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.247 5	<b>Nonpriority creditor's name and mailing address</b> <b>St. Ambrose University</b> <b>518 Locust St W</b> <b>Davenport, IA 52803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 6	<b>Nonpriority creditor's name and mailing address</b> <b>Stacey A Heckert</b> <b>1758 Harcor Dr</b> <b>Pittsburgh, PA 15226</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 7	<b>Nonpriority creditor's name and mailing address</b> <b>Stacy Blasi</b> <b>506 N Sunset Land</b> <b>Colwich, KS 67030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 8	<b>Nonpriority creditor's name and mailing address</b> <b>Stainbrook Communications Inc</b> <b>3312 40th Street South</b> <b>Saint Cloud, MN 56301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247 9	<b>Nonpriority creditor's name and mailing address</b> <b>Standard Heating and Air</b> <b>Conditioning Inc.</b> <b>11746 Portal Rd</b> <b>La Vista, NE 68128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$715.07</b>
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3.248 0	<b>Nonpriority creditor's name and mailing address</b> <b>Stanley Convergent Security</b> <b>Solutions Inc.</b> <b>Dept Ch 10651</b> <b>Palatine, IL 60055-0651</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,775.29</b>
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3.248 1	<b>Nonpriority creditor's name and mailing address</b> <b>Star West JV LLC</b> <b>PO Box 912661</b> <b>Denver, CO 80291</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.248 2	Nonpriority creditor's name and mailing address <b>Star-West Gateway LLC</b> <b>c/o Starwood Retail Partners</b> <b>One East Wacker Drive, #3700</b> <b>Chicago, IL 60601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$22,668.33</b></u>
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3.248 3	Nonpriority creditor's name and mailing address <b>State Disbursement</b> <b>PO Box 989067</b> <b>West Sacramento, CA 95798</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.248 4	Nonpriority creditor's name and mailing address <b>State Fire Marshal Op III Off</b> <b>of the State Fire Marshal</b> <b>PO Box 3331</b> <b>Springfield, IL 62708-3331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.248 5	Nonpriority creditor's name and mailing address <b>State Of Indiana</b> <b>PO Box 2504</b> <b>Unclaimed Property Division</b> <b>Greenwood, IN 46142</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.248 6	Nonpriority creditor's name and mailing address <b>State Of Michigan</b> <b>PO Box 30255</b> <b>Lansing, MI 48909</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.248 7	Nonpriority creditor's name and mailing address <b>State Of Michigan</b> <b>PO Box 30401</b> <b>Lansing, MI 48909-7901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.248 8	Nonpriority creditor's name and mailing address <b>State Of Michigan/Mlcc</b> <b>7150 Harris Drive</b> <b>PO Box 30005</b> <b>Lansing, MI 48909-7505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.248 9	<b>Nonpriority creditor's name and mailing address</b> <b>State Of Tennessee</b> <b>PO Box 198990</b> <b>Nashville, TN 37219-8990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 0	<b>Nonpriority creditor's name and mailing address</b> <b>State Tax Commissioner</b> <b>Alcohol Tax Section</b> <b>600 E Boulevard Ave</b> <b>Bismarck, ND 58505-0599</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 1	<b>Nonpriority creditor's name and mailing address</b> <b>Stateline Mechanical Inc</b> <b>201 S 8th St</b> <b>South Beloit, IL 61080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,678.00</b>
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3.249 2	<b>Nonpriority creditor's name and mailing address</b> <b>Stateline Plant Nfp</b> <b>601 N Perryville Rd</b> <b>Rockford, IL 61107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 3	<b>Nonpriority creditor's name and mailing address</b> <b>Stearns County Sheriffs Youth</b> <b>Program Inc.</b> <b>PO Box 217</b> <b>Saint Cloud, MN 56302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 4	<b>Nonpriority creditor's name and mailing address</b> <b>Stearns County Treasurer</b> <b>705 Courthouse Square</b> <b>Room 148</b> <b>Saint Cloud, MN 56303-4701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,217.00</b>
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3.249 5	<b>Nonpriority creditor's name and mailing address</b> <b>Steel Toe Brewing LLC</b> <b>4848 W 35th St</b> <b>Minneapolis, MN 55416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.249 6	<b>Nonpriority creditor's name and mailing address</b> <b>Stefan Rafacz</b> <b>20 Forest Hill Dr. 104</b> <b>Glen Ellyn, IL 60137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 7	<b>Nonpriority creditor's name and mailing address</b> <b>Stem Gallery LLC</b> <b>5630 P St</b> <b>Lincoln, NE 68505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$278.85</b>
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3.249 8	<b>Nonpriority creditor's name and mailing address</b> <b>Stenger and Stenger PC</b> <b>2618 E Paris Ave SE</b> <b>Grand Rapids, MI 49546</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249 9	<b>Nonpriority creditor's name and mailing address</b> <b>Stephanie A Adams</b> <b>6288 Maxwell Drive 1</b> <b>Suitland, MD 20746</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 0	<b>Nonpriority creditor's name and mailing address</b> <b>Stephanie Nurre</b> <b>605 G Ave. 102</b> <b>Cedar Rapids, IA 52405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 1	<b>Nonpriority creditor's name and mailing address</b> <b>Stephanie Randol</b> <b>304 West 5th Street</b> <b>Haysville, KS 67060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 2	<b>Nonpriority creditor's name and mailing address</b> <b>Stephanie Rogers</b> <b>4214 3 Oaks Drive Apt 3B</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.250 3	Nonpriority creditor's name and mailing address <b>Stephen D Galindo</b> <b>39309 Lilly Ct</b> <b>Farmington, MI 48331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 4	Nonpriority creditor's name and mailing address <b>Stephen Taylor</b> <b>519 Garde Cir</b> <b>Streamwood, IL 60107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 5	Nonpriority creditor's name and mailing address <b>Stephens Soldiers Foundation</b> <b>28580 Orchard Lake Rd Ste 150</b> <b>Farmington, MI 48334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 6	Nonpriority creditor's name and mailing address <b>Stephenson Electric Co Inc</b> <b>512 Water Street</b> <b>Fenton, MO 63026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 7	Nonpriority creditor's name and mailing address <b>Steve Soyka</b> <b>PO Box 12</b> <b>Saint Stephen, MN 56375</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 8	Nonpriority creditor's name and mailing address <b>Steven Dehan</b> <b>5507 Noland Rd</b> <b>Shawnee, KS 66216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.250 9	Nonpriority creditor's name and mailing address <b>Steven McConnell</b> <b>108 Maple Ave</b> <b>Highwood, IL 60040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.251 0	<b>Nonpriority creditor's name and mailing address</b> <b>Stillwater Septic Svc Sewer and Drain Cleaner Inc.</b> <b>PO Box 359</b> <b>Lusby, MD 20657</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251 1	<b>Nonpriority creditor's name and mailing address</b> <b>Stilwell Holding Company LLC</b> <b>24 Kirkham Industrial Ct</b> <b>Saint Louis, MO 63119</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$789.60</b>
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3.251 2	<b>Nonpriority creditor's name and mailing address</b> <b>Store Capital Corporation</b> <b>8377 East Hardford Dr Ste 100</b> <b>Scottsdale, AZ 85255</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$557,028.78</b>
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3.251 3	<b>Nonpriority creditor's name and mailing address</b> <b>Storehouse For Teachers</b> <b>281 Corliss St</b> <b>Pittsburgh, PA 15220</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251 4	<b>Nonpriority creditor's name and mailing address</b> <b>Straightline Landscaping&amp; Lawn</b> <b>15836 Annico Dr Ste 1-A</b> <b>Homer Glen, IL 60491</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251 5	<b>Nonpriority creditor's name and mailing address</b> <b>Stray Rescue of St. Louis Inc,</b> <b>2320 Pine St</b> <b>Saint Louis, MO 63103</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251 6	<b>Nonpriority creditor's name and mailing address</b> <b>Streib Electric Company Inc.</b> <b>9225 Watson Industrial Dr</b> <b>Saint Louis, MO 63126</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.251 7	<b>Nonpriority creditor's name and mailing address</b> <b>STS Monitoring LLC</b> <b>202 Ravine Ct</b> <b>Barrington, IL 60010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$540.00</b>
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3.251 8	<b>Nonpriority creditor's name and mailing address</b> <b>Stumps Fire Protection Inc.</b> <b>501 E Bigelow Ave</b> <b>Findlay, OH 45840</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251 9	<b>Nonpriority creditor's name and mailing address</b> <b>Suburban Law Enforcement Assn</b> <b>Charitable Fund</b> <b>6252 Century Blvd</b> <b>Minneapolis, MN 55429</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 0	<b>Nonpriority creditor's name and mailing address</b> <b>Summit City Brewerks LLC</b> <b>1501 E Berry #106</b> <b>Fort Wayne, IN 46803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.252 1	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Energy Svcs Inc.</b> <b>25716 Network Place</b> <b>Chicago, IL 60673-1257</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,171.00</b>
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3.252 2	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Facility &amp; Kitchen</b> <b>PO Box 1575</b> <b>Minneapolis, MN 55480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 3	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Facility &amp; Kitchen Serv</b> <b>PO Box 1575</b> <b>Minneapolis, MN 55480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.252 4	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Fire Protection</b> <b>PO Box 6205</b> <b>Carol Stream, IL 60197-6205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 5	<b>Nonpriority creditor's name and mailing address</b> <b>Super Power Shower Inc.</b> <b>6631 North Ridge W</b> <b>Geneva, OH 44041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 6	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Draft Svcs Inc.</b> <b>27035 Meadow Ridge Drive</b> <b>Elko New Market, MN 55020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 7	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Knife LLC</b> <b>8120 Central Park Ave</b> <b>Skokie, IL 60076-2907</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$172.00</b>
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3.252 8	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Upholstery LLC</b> <b>10005 E 63rd</b> <b>Kansas City, MO 64133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.252 9	<b>Nonpriority creditor's name and mailing address</b> <b>Supreme Cleaning Company LLC</b> <b>PO Box 1131</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 0	<b>Nonpriority creditor's name and mailing address</b> <b>Susan G Komen Breast Cancer</b> <b>Foundation Inc.</b> <b>5005 Lbj Freeway Ste 250</b> <b>Dallas, TX 75244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.253 1	<b>Nonpriority creditor's name and mailing address</b> <b>Suzanne Troyer</b> <b>6501 Grape Rd Ste 1000</b> <b>Mishawaka, IN 46545</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 2	<b>Nonpriority creditor's name and mailing address</b> <b>Suzies Party Shop LLC</b> <b>195 N Parker Rd</b> <b>Olathe, KS 66061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 3	<b>Nonpriority creditor's name and mailing address</b> <b>Syndie M. Murphy</b> <b>2455 N 87th Apt C</b> <b>Lincoln, NE 68507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 4	<b>Nonpriority creditor's name and mailing address</b> <b>Synergid Inc.</b> <b>3110 Butler Ridge Parkway</b> <b>Fort Wayne, IN 46808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 5	<b>Nonpriority creditor's name and mailing address</b> <b>Synergy Metalworking LLC</b> <b>PO Box 786</b> <b>Veneta, OR 97487</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253 6	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Chicago</b> <b>PO Box 5037</b> <b>Des Plaines, IL 60017-5037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$170,138.98</b>
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3.253 7	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Cleveland</b> <b>PO Box 94570</b> <b>Cleveland, OH 44101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.253 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Detroit</b> <b>PO Box 33580</b> <b>Detroit, MI 48232-5580</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309,651.52</b>
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3.253 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Eastern Maryland</b> <b>PO Box 477</b> <b>Pocomoke City, MD 21851-0477</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195,921.09</b>
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3.254 0	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Illinois</b> <b>PO Box 620</b> <b>Lincoln, IL 62656</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.254 1	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Indianapolis</b> <b>PO Box 7137</b> <b>Indianapolis, IN 46206-7137</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61,802.72</b>
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3.254 2	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Iowa</b> <b>PO Box 874</b> <b>Des Moines, IA 50304-0874</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187,449.84</b>
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3.254 3	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Kansas City</b> <b>PO Box 40</b> <b>Olathe, KS 66051-0040</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175,619.02</b>
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3.254 4	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Lincoln</b> <b>P.O. Box 80068</b> <b>Lincoln, NE 68501-0068</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187,600.30</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.254 5	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Minnesota</b> <b>P.O. Box 49730</b> <b>Minneapolis, MN 55449-0730</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$386,932.36</b>
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3.254 6	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Nashville</b> <b>PO Box 305138</b> <b>Nashville, TN 37230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,958.50</b>
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3.254 7	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco North Dakota</b> <b>PO Box 10128</b> <b>Fargo, ND 58106-0128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,221.50</b>
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3.254 8	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco Pittsburgh</b> <b>PO Box 1000</b> <b>Harmony, PA 16037-1000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,590.30</b>
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3.254 9	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco South Florida</b> <b>12500 Sysco Way</b> <b>Miami, FL 33178</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,595.26</b>
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3.255 0	<b>Nonpriority creditor's name and mailing address</b> <b>Sysco St Louis</b> <b>3850 Mueller Road</b> <b>Saint Charles, MO 63301-8047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,687.28</b>
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3.255 1	<b>Nonpriority creditor's name and mailing address</b> <b>T &amp; T Produce</b> <b>PO Box 5756</b> <b>Fort Oglethorpe, GA 30742</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,208.25</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.255 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tabitha Ramos</b> <b>1742 E Woodruff Ave</b> <b>Hazel Park, MI 48030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255 3	<b>Nonpriority creditor's name and mailing address</b> <b>Tadd M Johnson</b> <b>603 W Altorfer Lane</b> <b>Peoria, IL 61615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255 4	<b>Nonpriority creditor's name and mailing address</b> <b>Talent Technical Services Inc</b> <b>5353 Wayzata Blvd Ste 200</b> <b>Minneapolis, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255 5	<b>Nonpriority creditor's name and mailing address</b> <b>Talentreef Inc</b> <b>210 University Blvd Ste 300</b> <b>Denver, CO 80206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,759.00</b>
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3.255 6	<b>Nonpriority creditor's name and mailing address</b> <b>Talx Ucm Serices Inc</b> <b>4076 Paysphere Circle</b> <b>Chicago, IL 60674-4076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255 7	<b>Nonpriority creditor's name and mailing address</b> <b>Tamara Callaway</b> <b>1848 Westchester Lane</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255 8	<b>Nonpriority creditor's name and mailing address</b> <b>Tami Schultz</b> <b>8102 Pleasantview Dr Ne #A</b> <b>Minneapolis, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.256 9	<b>Nonpriority creditor's name and mailing address</b> <b>Tandem Printing Inc</b> <b>2970 Lexington Ave South</b> <b>Saint Paul, MN 55121-1420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.70</b>
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3.256 0	<b>Nonpriority creditor's name and mailing address</b> <b>Tann Electric Inc</b> <b>13216 W 99th Street</b> <b>Lenexa, KS 66215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 1	<b>Nonpriority creditor's name and mailing address</b> <b>Tanner Michael Mccarron</b> <b>6105 S Venita Circle</b> <b>Sioux Falls, SD 57108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tanya Sims</b> <b>1752 Temple Ave</b> <b>Cleveland, OH 44124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 3	<b>Nonpriority creditor's name and mailing address</b> <b>Tap On It LLC</b> <b>1105 Christie St Ste C</b> <b>Davenport, IA 52803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 4	<b>Nonpriority creditor's name and mailing address</b> <b>Tarco Industries Inc</b> <b>1891 Goodyear Ave #603</b> <b>Ventura, CA 93003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 5	<b>Nonpriority creditor's name and mailing address</b> <b>Tashayla Johnson</b> <b>6509 Marsol Rd</b> <b>Cleveland, OH 44124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.256 6	<b>Nonpriority creditor's name and mailing address</b> <b>Taste Of Omaha Inc</b> <b>7015 Spring St</b> <b>Omaha, NE 68106-3518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 7	<b>Nonpriority creditor's name and mailing address</b> <b>Taxman Holdings Inc</b> <b>89 S Baldwin St</b> <b>Bargersville, IN 46106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 8	<b>Nonpriority creditor's name and mailing address</b> <b>Taylor D Hansen</b> <b>5060 R St</b> <b>Lincoln, NE 68504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256 9	<b>Nonpriority creditor's name and mailing address</b> <b>Taylor J Reinert</b> <b>1078 Cherokee Ave</b> <b>Saint Paul, MN 55118</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 0	<b>Nonpriority creditor's name and mailing address</b> <b>Taylor Wilson</b> <b>5500 West 137th St</b> <b>Apt 212</b> <b>Overland Park, KS 66223</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 1	<b>Nonpriority creditor's name and mailing address</b> <b>Taysia Blue Siberian</b> <b>Husky Rescue Ne</b> <b>2604 Garden Rd</b> <b>Omaha, NE 68124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tazewell Cnty Collector</b> <b>11 S 4th St</b> <b>Suite 308</b> <b>Pekin, IL 61554</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,066.51</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.257 3	Nonpriority creditor's name and mailing address <b>Tazewell County Resource Centers Inc</b> <b>21310 Illinois Rte 9</b> <b>Tremont, IL 61568</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 4	Nonpriority creditor's name and mailing address <b>Tc Valet LLC</b> <b>1226 Thomas Ave</b> <b>Saint Paul, MN 55104</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 5	Nonpriority creditor's name and mailing address <b>Tci Companies Inc</b> <b>405 State Route 117</b> <b>Goodfield, IL 61742</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 6	Nonpriority creditor's name and mailing address <b>Tdn2k</b> <b>14785 Preston Rd Ste 290</b> <b>Dallas, TX 75254</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 7	Nonpriority creditor's name and mailing address <b>Tds Media Direct Inc</b> <b>PO Box 9</b> <b>Circle Pines, MN 55014-0009</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.257 8	Nonpriority creditor's name and mailing address <b>Tds Telecom</b> <b>PO Box 94510</b> <b>Palatine, IL 60094-4510</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$472.31</b>
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3.257 9	Nonpriority creditor's name and mailing address <b>Teale A Jackson</b> <b>401 N Western Ave #103</b> <b>Sioux Falls, SD 57104</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.258 0	<b>Nonpriority creditor's name and mailing address</b> <b>Team Nutz LLC</b> <b>1366 Old Freeport Road</b> <b>Pittsburgh, PA 15238</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.258 1	<b>Nonpriority creditor's name and mailing address</b> <b>Tech Electronics Inc</b> <b>PO Box 790379</b> <b>Saint Louis, MO 63179</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.258 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tech Masters Inc</b> <b>2024 Sw 6th St</b> <b>Lincoln, NE 68522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,174.43</b>
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3.258 3	<b>Nonpriority creditor's name and mailing address</b> <b>Temp Con LLC</b> <b>15670 S Keller St</b> <b>Olathe, KS 66062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.258 4	<b>Nonpriority creditor's name and mailing address</b> <b>Tennessee Abc</b> <b>500 James Robertso Pkwy</b> <b>Davey Crockett Bldg 3rd Flr</b> <b>Nashville, TN 37243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.258 5	<b>Nonpriority creditor's name and mailing address</b> <b>Tennessee B and E Unit</b> <b>220 French Landing Drive</b> <b>2nd Floor</b> <b>Nashville, TN 37243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.258 6	<b>Nonpriority creditor's name and mailing address</b> <b>Tennessee Dept Of Rev</b> <b>500 Deaderick Street</b> <b>Nashville, TN 37242</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Tennessee Hospitality Assoc</b> <b>475 Craighead Street</b> <b>Nashville, TN 37204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Teresa Feuerstein</b> <b>715 N French Ave</b> <b>Sioux Falls, SD 57103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Terryn Schultz</b> <b>17231 Ozark Ave</b> <b>Tinley Park, IL 60477</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Tetera Tech Inc</b> <b>PO Box 911642</b> <b>Denver, CO 80291-1642</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>The AIs Association</b> <b>333 Washington Ave N</b> <b>Ste 105</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>The Barrel Mill</b> <b>640 Chinook Ave Sw</b> <b>Avon, MN 56310</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>The Bradley Center Inc</b> <b>5180 Campbells Run Road</b> <b>Pittsburgh, PA 15205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.259 4	<b>Nonpriority creditor's name and mailing address</b> <b>The Buddy Foundation</b> <b>PO Box 334</b> <b>Arlington Heights, IL 60006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.259 5	<b>Nonpriority creditor's name and mailing address</b> <b>The Catholic Central High School Of Detroit</b> <b>27225 Wixom Rd</b> <b>Novi, MI 48374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.259 6	<b>Nonpriority creditor's name and mailing address</b> <b>The Chamber</b> <b>PO Box 2443</b> <b>Fargo, ND 58108-2443</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.259 7	<b>Nonpriority creditor's name and mailing address</b> <b>The Chamber Of Commerce Of St Joseph Cnty</b> <b>401 East Colfax Ste 310</b> <b>South Bend, IN 46617</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.259 8	<b>Nonpriority creditor's name and mailing address</b> <b>The Chamber Of Commerce Of St Joseph County</b> <b>101 N Michigan St Ste 101</b> <b>South Bend, IN 46601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.259 9	<b>Nonpriority creditor's name and mailing address</b> <b>The Cure Starts Now</b> <b>10280 Chester Road</b> <b>Cincinnati, OH 45215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 0	<b>Nonpriority creditor's name and mailing address</b> <b>The Door and Fence Store Inc</b> <b>2316 230th St #304</b> <b>Ames, IA 50014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.260 1	<b>Nonpriority creditor's name and mailing address</b> <b>The Dream Factory</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.260 2	<b>Nonpriority creditor's name and mailing address</b> <b>The Dupage Community Foundatio</b> <b>3000 Woodcreek Drive</b> <b>Suite 310</b> <b>Downers Grove, IL 60515</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 3	<b>Nonpriority creditor's name and mailing address</b> <b>The First Impression Group</b> <b>2700 Blue Water Road</b> <b>Suite 450</b> <b>Saint Paul, MN 55121-1429</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,934.55</b>
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3.260 4	<b>Nonpriority creditor's name and mailing address</b> <b>The Flower Bed</b> <b>PO Box 7697</b> <b>Saint Cloud, MN 56302</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 5	<b>Nonpriority creditor's name and mailing address</b> <b>The Forum</b> <b>PO Box 6100</b> <b>Fargo, ND 58108-6100</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 6	<b>Nonpriority creditor's name and mailing address</b> <b>The Gathering Place</b> <b>23300 Commerce Park</b> <b>Beachwood, OH 44122</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 7	<b>Nonpriority creditor's name and mailing address</b> <b>The Gazette</b> <b>500 3rd Avenue Se</b> <b>Cedar Rapids, IA 52406-0511</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.260 8	Nonpriority creditor's name and mailing address <b>The Grounds Keeper LLC</b> <b>801 N Main St</b> <b>Grimes, IA 50111</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.260 9	Nonpriority creditor's name and mailing address <b>The Health Foundation Of Great</b> <b>429 E Vermont St Ste 300</b> <b>Indianapolis, IN 46202</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 0	Nonpriority creditor's name and mailing address <b>The Homestead Autism Svcs Inc</b> <b>1525 Adventureland Drive Ste B</b> <b>Altoona, IA 50009</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 1	Nonpriority creditor's name and mailing address <b>The Humane Society</b> <b>Of Rock Island County</b> <b>724 W 2nd Ave</b> <b>Milan, IL 61264</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 2	Nonpriority creditor's name and mailing address <b>The Illuminating Co</b> <b>PO Box 3638</b> <b>Akron, OH 44309-3638</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 3	Nonpriority creditor's name and mailing address <b>The Institute Of Electrical</b> <b>and Electronics Engineers Inc</b> <b>445 Hoes Lane</b> <b>Piscataway, NJ 08854-4141</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 4	Nonpriority creditor's name and mailing address <b>The Leukemia and Lymphoma Soci</b> <b>3 International Dr Ste 200</b> <b>Port Chester, NY 10573</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.261 5	<b>Nonpriority creditor's name and mailing address</b> <b>The Leukemia&amp; Lymphoma Society White Plains</b> <b>1311 Mamaroneck Avenue</b> <b>White Plains, NY 10605-5221</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 6	<b>Nonpriority creditor's name and mailing address</b> <b>The Madonna Foundation</b> <b>5401 South Street</b> <b>Lincoln, NE 68506-2150</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 7	<b>Nonpriority creditor's name and mailing address</b> <b>The Neon Doctor</b> <b>1824 Homeville Rd</b> <b>West Mifflin, PA 15122</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 8	<b>Nonpriority creditor's name and mailing address</b> <b>The Northville Art House</b> <b>215 W Cody Street</b> <b>Northville, MI 48167</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.261 9	<b>Nonpriority creditor's name and mailing address</b> <b>The Novi Chamber Of Commerce</b> <b>41875 W Eleven Mile</b> <b>Suite 201</b> <b>Novi, MI 48375</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 0	<b>Nonpriority creditor's name and mailing address</b> <b>The Ohio State University Fdn</b> <b>1480 W Lane Ave</b> <b>Columbus, OH 43221</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 1	<b>Nonpriority creditor's name and mailing address</b> <b>The Olathe East Baseball Booster Club</b> <b>Overland Park, KS 66221</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.262 2	<b>Nonpriority creditor's name and mailing address</b> <b>The Pink Fund</b> <b>PO Box 603</b> <b>Bloomfield Hills, MI 48303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 3	<b>Nonpriority creditor's name and mailing address</b> <b>The Potato Head Project</b> <b>7700 188th Ln Nw</b> <b>Anoka, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 4	<b>Nonpriority creditor's name and mailing address</b> <b>The Rail Media Inc</b> <b>PO Box 575</b> <b>Monson, MA 01057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 5	<b>Nonpriority creditor's name and mailing address</b> <b>The Right Staff LLC</b> <b>PO Box 390240</b> <b>Minneapolis, MN 55439-0240</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 6	<b>Nonpriority creditor's name and mailing address</b> <b>The Rose Foundation</b> <b>2702 Bloomfield Dr</b> <b>Saint Louis, MO 63129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 7	<b>Nonpriority creditor's name and mailing address</b> <b>The Salvation Army Inc</b> <b>620 N Erie St</b> <b>Toledo, OH 43604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.262 8	<b>Nonpriority creditor's name and mailing address</b> <b>The Sherring Brewing Company L</b> <b>11841 Dorsett Road</b> <b>Maryland Heights, MO 63043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.262 9	Nonpriority creditor's name and mailing address <b>The Shoppes At Arbor Lakes</b> <b>PO Box 22072 Network Place</b> <b>Chicago, IL 60673-1231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 0	Nonpriority creditor's name and mailing address <b>The Steve Peroutka Law Group</b> <b>8028 Ritchie Hwy #300</b> <b>Pasadena, MD 21122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 1	Nonpriority creditor's name and mailing address <b>The Tanzillo Law Group LLC</b> <b>1825 Arabian Ave</b> <b>Naperville, IL 60565</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 2	Nonpriority creditor's name and mailing address <b>The Trash Man</b> <b>PO Box 907</b> <b>Webster City, IA 50595-0907</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 3	Nonpriority creditor's name and mailing address <b>The Ups Store</b> <b>145 Fleet Street</b> <b>Oxon Hill, MD 20745</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 4	Nonpriority creditor's name and mailing address <b>The Village Initiative Inc</b> <b>3004 N 27th Street</b> <b>Kansas City, KS 66104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 5	Nonpriority creditor's name and mailing address <b>The Waldinger Corp</b> <b>PO Box 1612</b> <b>Des Moines, IA 50306-1612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.263 6	<b>Nonpriority creditor's name and mailing address</b> <b>The Wine Co Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 7	<b>Nonpriority creditor's name and mailing address</b> <b>Think Tourism Usa LLC</b> <b>2233 Roosevelt Rd Ste 11</b> <b>Saint Cloud, MN 56301</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 8	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas G Hunter</b> <b>3237 Garfield Ave S</b> <b>Minneapolis, MN 55408</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.263 9	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Geisinger</b> <b>3600 13th Ave South</b> <b>Minneapolis, MN 55407</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.264 0	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas J Retka</b> <b>1622 E Gastel Cir</b> <b>Mission, TX 78572</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.264 1	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Meyer</b> <b>39603 Traditions Dr</b> <b>Northville, MI 48168</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.264 2	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Munson</b> <b>8749 Fluvia Terrace Apt 2a</b> <b>Indianapolis, IN 46250</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.264  
3

Nonpriority creditor's name and mailing address

**Thomas P Golden**  
**1707 10th Ave S**  
**Saint Cloud, MN 56301**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
4

Nonpriority creditor's name and mailing address

**Thomas Wheeler**  
**166 Chestnut Ave**  
**Northfield, OH 44067**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
5

Nonpriority creditor's name and mailing address

**Thompson Construction And**  
**1527 Dearborn St PO Box 40**  
**Ellsworth, IA 50075-0040**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
6

Nonpriority creditor's name and mailing address

**Three Star Millwork Inc**  
**610 Klee Mill Rd**  
**Westminster, MD 21157**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
7

Nonpriority creditor's name and mailing address

**Tileshop Inc**  
**1005 Harrison Street**  
**Berkeley, CA 94710**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
8

Nonpriority creditor's name and mailing address

**Tim Cunningham**  
**12422 Magnolia St**  
**Minneapolis, MN 55448**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.264  
9

Nonpriority creditor's name and mailing address

**Tim Davis**  
**11013 Lafayette Plz 2106**  
**Omaha, NE 68154**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.265 0	<b>Nonpriority creditor's name and mailing address</b> <b>Timbre L Severson</b> <b>7625 Lisa Lane Apt#221</b> <b>Middleton, WI 53562</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.265 1	<b>Nonpriority creditor's name and mailing address</b> <b>Time In A Bottle Inc</b> <b>712 J Ave Ne</b> <b>Cedar Rapids, IA 52402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.265 2	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable LLC</b> <b>Box 223085</b> <b>Pittsburgh, PA 15251-2085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91.79</b>
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3.265 3	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable Zr</b> <b>PO Box 1104</b> <b>Carol Stream, IL 60132-1104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
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3.265 4	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy Anderson Corp</b> <b>700 20th Street</b> <b>Rockford, IL 61104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.265 5	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy James Stout</b> <b>10 Water St #305</b> <b>Bangor, ME 04401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.265 6	<b>Nonpriority creditor's name and mailing address</b> <b>Tina Youkhanna</b> <b>28685 Diesing Dr</b> <b>Madison Heights, MI 48071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.265 7	<b>Nonpriority creditor's name and mailing address</b> <b>Tkg Storgemart Partners Iii L</b> <b>5525 State Hwy 169 Service Dr</b> <b>Minneapolis, MN 55442</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102.00</b>
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3.265 8	<b>Nonpriority creditor's name and mailing address</b> <b>Tn Child Support</b> <b>Receipting Unit</b> <b>PO Box 305200</b> <b>Nashville, TN 37229</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.265 9	<b>Nonpriority creditor's name and mailing address</b> <b>Tn Department Of Revenue</b> <b>PO Box 190665</b> <b>Nashville, TN 37219-0665</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 0	<b>Nonpriority creditor's name and mailing address</b> <b>Tnt Total Stop LLC</b> <b>1600 W 44th Place</b> <b>Sioux Falls, SD 57105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 1	<b>Nonpriority creditor's name and mailing address</b> <b>Todd Hensley</b> <b>6100 Se 5th Street</b> <b>Des Moines, IA 50315</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 2	<b>Nonpriority creditor's name and mailing address</b> <b>Todd Or Lori Hanson</b> <b>C/O Farmers Credit Serv Of Am</b> <b>322 1st Avenue East</b> <b>Mobridge, SD 57601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91,875.00</b>
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3.266 3	<b>Nonpriority creditor's name and mailing address</b> <b>Todd Raymond Shaw</b> <b>620 N Little Walnut Creek Dr</b> <b>Waukeg, IA 50263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.266 4	<b>Nonpriority creditor's name and mailing address</b> <b>Tokenworks Inc</b> <b>26 Milburn St 2nd Fl</b> <b>Bronxville, NY 10708</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 5	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Area Humane Society Inc</b> <b>827 Illinois</b> <b>Maumee, OH 43537</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 6	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Arena Sports Inc</b> <b>Fifth Thrid Field</b> <b>406 Washington Street</b> <b>Toledo, OH 43604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 7	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Choral Society Inc</b> <b>PO Box 66</b> <b>Toledo, OH 43697</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.266 8	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Edison Maumee</b> <b>PO Box 3638</b> <b>Akron, OH 44309-3638</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,035.35</b>
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3.266 9	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Lucas Cnty Health Dept</b> <b>635 N Erie St Rm 350</b> <b>Toledo, OH 43604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 0	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Municipal Court</b> <b>555 N Erie St</b> <b>Toledo, OH 43604</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.267 1	<b>Nonpriority creditor's name and mailing address</b> <b>Toledo Soft Water Supply Inc</b> <b>2806 Nebraska Ave</b> <b>Toledo, OH 43607</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tom Hardin</b> <b>103 East Hill Street</b> <b>Blanchardville, WI 53516</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 3	<b>Nonpriority creditor's name and mailing address</b> <b>Tom Mack</b> <b>4104 N Plum Tree</b> <b>Wichita, KS 67226</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 4	<b>Nonpriority creditor's name and mailing address</b> <b>Tom Smith Plumb Co</b> <b>429 E Sciota Avenue</b> <b>Peoria Heights, IL 61616</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 5	<b>Nonpriority creditor's name and mailing address</b> <b>Tony Alwin</b> <b>2351 O Street</b> <b>Lincoln, NE 68510</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 6	<b>Nonpriority creditor's name and mailing address</b> <b>Top Shot Ckr Inc</b> <b>1714 Ohio Pkwy</b> <b>Rockford, IL 61108</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,113.19</b>
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3.267 7	<b>Nonpriority creditor's name and mailing address</b> <b>Tori Guin</b> <b>1608 Tiago Lane</b> <b>Fort Wayne, IN 46815</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.267 8	<b>Nonpriority creditor's name and mailing address</b> <b>Torrence Sound Equip Company</b> <b>29050 Glenwood Road</b> <b>Perrysburg, OH 43551</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267 9	<b>Nonpriority creditor's name and mailing address</b> <b>Total Fire Protection</b> <b>1004 7th Avenue North</b> <b>Brandon, SD 57005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 0	<b>Nonpriority creditor's name and mailing address</b> <b>Total Fire&amp; Safety</b> <b>6808 Hobson Valley Drive</b> <b>Woodridge, IL 60517</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 1	<b>Nonpriority creditor's name and mailing address</b> <b>Total Line Refrigeration Inc</b> <b>33530 Pin Oak Pkwy</b> <b>Avon Lake, OH 44012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 2	<b>Nonpriority creditor's name and mailing address</b> <b>Total Recovery Resources and C</b> <b>254 Route 17k Ste 201</b> <b>Newburgh, NY 12550</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 3	<b>Nonpriority creditor's name and mailing address</b> <b>Toteglass Inc</b> <b>PO Box 1924</b> <b>Wilmington, NC 28402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 4	<b>Nonpriority creditor's name and mailing address</b> <b>Tovar Snow Professional Inc.</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,325.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.268 5	<b>Nonpriority creditor's name and mailing address</b> <b>Town and Country Distribs Inc</b> <b>1050 Ardmore Ave</b> <b>Itasca, IL 60143</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 6	<b>Nonpriority creditor's name and mailing address</b> <b>Town Center Inc</b> <b>PO Box 2273</b> <b>Brighton, MI 48116</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
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3.268 7	<b>Nonpriority creditor's name and mailing address</b> <b>Town Square Publications LLC</b> <b>PO Box 6754</b> <b>Carol Stream, IL 60197-6754</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 8	<b>Nonpriority creditor's name and mailing address</b> <b>Township Of Robinson</b> <b>102 Rahway Road</b> <b>Canonsburg, PA 15317</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.268 9	<b>Nonpriority creditor's name and mailing address</b> <b>Townsquare Media Sioux Falls L</b> <b>240 Greenwich Ave</b> <b>Greenwich, CT 06830</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 0	<b>Nonpriority creditor's name and mailing address</b> <b>Traked Enterprises Inc</b> <b>PO Box 12350</b> <b>Charlotte, NC 28220</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 1	<b>Nonpriority creditor's name and mailing address</b> <b>Trane Us Inc</b> <b>PO Box 98167</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.269 2	<b>Nonpriority creditor's name and mailing address</b> <b>Transformations By Austin Ange</b> <b>9901 Brodie Ln Ste 160 Pmb 255</b> <b>Austin, TX 78748</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 3	<b>Nonpriority creditor's name and mailing address</b> <b>Translations In Motion Inc</b> <b>515 N Flagler Dr P300</b> <b>West Palm Beach, FL 33401</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 4	<b>Nonpriority creditor's name and mailing address</b> <b>Travis Justin Lorentson</b> <b>7603 Whitney Drive</b> <b>Saint Paul, MN 55124</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 5	<b>Nonpriority creditor's name and mailing address</b> <b>Travis Northington</b> <b>1636 Sw 42nd St</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 6	<b>Nonpriority creditor's name and mailing address</b> <b>Treasurer City Of Detroit</b> <b>402 Coleman A Young</b> <b>Municipal Center</b> <b>Detroit, MI 48226</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 7	<b>Nonpriority creditor's name and mailing address</b> <b>Treasurer Of Allegheny Cnty</b> <b>542 4th Ave</b> <b>Pittsburgh, PA 15219</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269 8	<b>Nonpriority creditor's name and mailing address</b> <b>Treasurer Of State</b> <b>Unclaimed Property Division</b> <b>Mac N8200-071 800 Walnut St</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.269 9	Nonpriority creditor's name and mailing address <b>Treasurer Of Virginia Div Of Child Support Enforcem PO Box 570 Richmond, VA 23218-0570</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 0	Nonpriority creditor's name and mailing address <b>Treasurer, City Of Detroit City Of Detroit PO Box 30812</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 1	Nonpriority creditor's name and mailing address <b>Treasury Department (Tn) Unclaimed Property Division PO Box 198649 Nashville, TN 37219</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 2	Nonpriority creditor's name and mailing address <b>Treu House Of Munch Fintech</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 3	Nonpriority creditor's name and mailing address <b>Tri City Electric Company Of I 6225 N Brady St Davenport, IA 52806</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 4	Nonpriority creditor's name and mailing address <b>Tri County Broadcasting Inc 1010 2nd Street North PO Box 366 Sauk Rapids, MN 56379</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 5	Nonpriority creditor's name and mailing address <b>Tri Tech Dispensing 2499 Rice Street Ste 140 Saint Paul, MN 55113</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.270 6	<b>Nonpriority creditor's name and mailing address</b> <b>Triangle Metals Div Of</b> <b>Thomas Engineering Inc</b> <b>575 W Central Rd</b> <b>Hoffman Estates, IL 60192</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 7	<b>Nonpriority creditor's name and mailing address</b> <b>Tricnty Beverage Fintech</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 8	<b>Nonpriority creditor's name and mailing address</b> <b>Tricnty Irrigation&amp; Plumb Inc</b> <b>PO Box 290</b> <b>Goodfield, IL 61742-0290</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270 9	<b>Nonpriority creditor's name and mailing address</b> <b>Trigger Agency LLC</b> <b>3539 Clipper Mill Road</b> <b>Baltimore, MD 21211</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 0	<b>Nonpriority creditor's name and mailing address</b> <b>Trine University Inc</b> <b>1 Universtiy Ave</b> <b>Angola, IN 46703</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 1	<b>Nonpriority creditor's name and mailing address</b> <b>Trinity Lutheran Church</b> <b>Trinity Lutheran School</b> <b>4560 Glendale Ave</b> <b>Toledo, OH 43614-1907</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 2	<b>Nonpriority creditor's name and mailing address</b> <b>Trivia Mafia</b> <b>2322 3rd St Ne</b> <b>Minneapolis, MN 55418</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315.00</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.271 3	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Athens Band Booster</b> <b>4333 John R Road</b> <b>Troy, MI 48085</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 4	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Baseball Boosters Inc</b> <b>3673 Crooks Road</b> <b>PO Box 142</b> <b>Troy, MI 48084</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 5	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Cham Of Commerce</b> <b>2125 Butterfield Dr</b> <b>Suite 100n</b> <b>Troy, MI 48084-3441</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 6	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Community Coalition For</b> <b>The Prevention Of Drug and Alc</b> <b>4420 Livernois</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 7	<b>Nonpriority creditor's name and mailing address</b> <b>Troy High School Booster Club</b> <b>4777 Northfield Parkway</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 8	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Police Benevolent Associa</b> <b>500 W Big Beaver Road</b> <b>Troy, MI 48084</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.271 9	<b>Nonpriority creditor's name and mailing address</b> <b>Troy School District</b> <b>4400 Livernois</b> <b>Troy, MI 48098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.272 0	Nonpriority creditor's name and mailing address <b>Tsc</b> <b>7300 Metro Boulevard</b> <b>Suite 450</b> <b>Minneapolis, MN 55439</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 1	Nonpriority creditor's name and mailing address <b>Tsc Cr Pittsburgh</b> <b>1002 Oak Street</b> <b>Clairton, PA 15025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$581.55</b>
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3.272 2	Nonpriority creditor's name and mailing address <b>Tsfa Parents Organization Inc</b> <b>333 14th St</b> <b>Toledo, OH 43604-5459</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 3	Nonpriority creditor's name and mailing address <b>Ttb</b> <b>Excise Tax</b> <b>701 Xenia Ave S Ste 120</b> <b>Minneapolis, MN 55416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 4	Nonpriority creditor's name and mailing address <b>Tucker Lithographic Company</b> <b>5250 Gulfton Suite 2d</b> <b>Houston, TX 77081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 5	Nonpriority creditor's name and mailing address <b>Turbohaul Inc</b> <b>11071-A Guilford Rd</b> <b>Annapolis Junction, MD 20701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 6	Nonpriority creditor's name and mailing address <b>Twin Cities North Chamber Of C</b> <b>1915 Highway 36 West Ste 112</b> <b>Saint Paul, MN 55113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.272 7	<b>Nonpriority creditor's name and mailing address</b> <b>Twin City Handyman LLC</b> <b>3632 Village Ct</b> <b>Saint Paul, MN 55125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 8	<b>Nonpriority creditor's name and mailing address</b> <b>Twin Towers Embroidery Screen</b> <b>Printing and Vinyl Graphics In</b> <b>1231 Logan Ave</b> <b>Belvidere, IL 61008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.272 9	<b>Nonpriority creditor's name and mailing address</b> <b>Two Brothers Coffee Roasters L</b> <b>30w315 Calumet Ave</b> <b>Warrenville, IL 60555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,211.50</b>
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3.273 0	<b>Nonpriority creditor's name and mailing address</b> <b>Two Track Malting LLC</b> <b>1651 7th St Ne</b> <b>Goodrich, ND 58444</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.273 1	<b>Nonpriority creditor's name and mailing address</b> <b>Tx Child Support Sdu</b> <b>PO Box 659791</b> <b>San Antonio, TX 78265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.273 2	<b>Nonpriority creditor's name and mailing address</b> <b>Tyco Fire and Security Us Mana</b> <b>PO Box 371967</b> <b>Pittsburgh, PA 15251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,674.04</b>
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3.273 3	<b>Nonpriority creditor's name and mailing address</b> <b>Tyco Integrated Security</b> <b>PO Box 371967</b> <b>Pittsburgh, PA 15250-7967</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.273 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Tyler Caracofe</b>  <b>1595 Highway 36 West</b>  <b>Saint Paul, MN 55113</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.273 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Tyler Graves</b>  <b>7140 Harrison Ave Ste 108</b>  <b>Rockford, IL 61112</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.273 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Tymikia Cottom</b>  <b>11106 Captains View Lane</b>  <b>Fort Washington, MD 20744</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.273 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Ugi Enterprises Inc</b>  <b>One Meridian Blvd</b>  <b>Suite 2c01</b>  <b>Reading, PA 19610</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.273 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Uline Inc</b>  <b>PO Box 88741</b>  <b>Attn Accounts Receivable</b>  <b>Chicago, IL 60680-1741</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.273 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Ulises R Castro</b>  <b>601 79th Ave Ne</b>  <b>Minneapolis, MN 55432</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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3.274 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Ullman Electric Company Inc</b>  <b>3901 Chester Ave Unit B</b>  <b>Cleveland, OH 44114</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.274 1	<b>Nonpriority creditor's name and mailing address</b> <b>Ultimate Events Inc</b> <b>13405 15th Ave N</b> <b>Minneapolis, MN 55441</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.274 2	<b>Nonpriority creditor's name and mailing address</b> <b>Umix LLC</b> <b>13790 Bridgewater Crossing Bvd</b> <b>#1080</b> <b>Windermere, FL 34786</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.274 3	<b>Nonpriority creditor's name and mailing address</b> <b>Underground Vaults and Storage</b> <b>PO Box 1723</b> <b>Hutchinson, KS 67504-1723</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.83</b>
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3.274 4	<b>Nonpriority creditor's name and mailing address</b> <b>Unified Government License</b> <b>Division</b> <b>4953 State Ave</b> <b>Kansas City, KS 66102</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.274 5	<b>Nonpriority creditor's name and mailing address</b> <b>Unifund Ccr Partners</b> <b>PO Box 45242</b> <b>Cincinnati, OH 45242</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.274 6	<b>Nonpriority creditor's name and mailing address</b> <b>Union Central Individual Plan</b> <b>131 Oak Street Ste 5</b> <b>Glastonbury, CT 06033-2380</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.274 7	<b>Nonpriority creditor's name and mailing address</b> <b>Union Station</b> <b>6100 W 96th St</b> <b>Suite 150</b> <b>Indianapolis, IN 46278</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.274  
8

Nonpriority creditor's name and mailing address  
**United Beverage Fintech**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.274  
9

Nonpriority creditor's name and mailing address  
**United States Postal Service  
Infosync Poc Account#6679636**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$149.60**

3.275  
0

Nonpriority creditor's name and mailing address  
**United States Postal Service  
Corporate Hills Station  
9350 Corporate Hills Dr  
Wichita, KS 67207-9997**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.275  
1

Nonpriority creditor's name and mailing address  
**United States Postal Service  
Corporate Hills Station  
9350 Corporate Hills Dr  
Wichita, KS 67207-9997**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$149.60**

3.275  
2

Nonpriority creditor's name and mailing address  
**United Way Of Greater St Louis  
910 N Eleventh St  
Saint Louis, MO 63101**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.275  
3

Nonpriority creditor's name and mailing address  
**United Way Of Lincoln  
and Lancaster County  
238 S 13th St  
Lincoln, NE 68510**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.275  
4

Nonpriority creditor's name and mailing address  
**Unitypoint Health Trinity  
Reg Med Ctr  
2520 9th Avenue South  
Fort Dodge, IA 50501**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.275 5	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Ad Com LLC</b> <b>2921 Ave E East</b> <b>Arlington, TX 76011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.275 6	<b>Nonpriority creditor's name and mailing address</b> <b>University Liggett School</b> <b>1045 Cook Rd</b> <b>Grosse Pointe, MI 48236</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.275 7	<b>Nonpriority creditor's name and mailing address</b> <b>University Of Maryland Eastern</b> <b>Shore Nat Alumni Assn Southern</b> <b>PO Box 1632</b> <b>Waldorf, MD 20604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.275 8	<b>Nonpriority creditor's name and mailing address</b> <b>University Park Association</b> <b>867525 Reliable Parkway</b> <b>Chicago, IL 60686-7500</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.275 9	<b>Nonpriority creditor's name and mailing address</b> <b>University Park Mall, LLC</b> <b>c/o Simon Properties</b> <b>867525 Reliable Parkway</b> <b>Chicago, IL 60686</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126,657.50</b>
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3.276 0	<b>Nonpriority creditor's name and mailing address</b> <b>Unlimited Opportunity Inc</b> <b>5885 S 118th Cir</b> <b>Omaha, NE 68137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.276 1	<b>Nonpriority creditor's name and mailing address</b> <b>Untapped Inc</b> <b>21 South Front Street</b> <b>Wilmington, NC 28401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Unum Life Insurance Company Of America Inc</b> <b>1 Fountain Square</b> <b>Chattanooga, TN 37402-1330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Upshow Inc</b> <b>29349 Network Place</b> <b>Chicago, IL 60673-1293</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Uptown Bake and Brew LLC</b> <b>5335 Kilmer Place</b> <b>Hyattsville, MD 20781</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,882.33</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Urban Growler Brewing Comapny</b> <b>2325 Endicott St Ste 11</b> <b>Saint Paul, MN 55114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Urbic Construction LLC</b> <b>2023 1/2 Bancroft St</b> <b>Omaha, NE 68108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Us Bancorp Equipment Finance Inc</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179-0448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Us Bank Oefs</b> <b>PO Box 790448</b> <b>Saint Louis, MO 63179</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.276 9	<b>Nonpriority creditor's name and mailing address</b> <b>Us Casino Rentals LLC</b> <b>345 N Eric Dr</b> <b>Palatine, IL 60067</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 0	<b>Nonpriority creditor's name and mailing address</b> <b>Us Department Of Education</b> <b>PO Box 105081</b> <b>Natl Pmnt Center</b> <b>Atlanta, GA 30348</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 1	<b>Nonpriority creditor's name and mailing address</b> <b>Us Dept Of Education Awg</b> <b>PO Box 790356</b> <b>Saint Louis, MO 63179-0356</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 2	<b>Nonpriority creditor's name and mailing address</b> <b>Us Foods Culinary</b> <b>Equipment and Supplies</b> <b>PO Box 64177</b> <b>Saint Paul, MN 55164</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88,333.75</b>
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3.277 3	<b>Nonpriority creditor's name and mailing address</b> <b>Us Guest Services LLC</b> <b>11 Mckinley Drive</b> <b>Mc Kees Rocks, PA 15136</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 4	<b>Nonpriority creditor's name and mailing address</b> <b>Us Standard Products Corp</b> <b>PO Box 5509</b> <b>Englewood, NJ 07631</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 5	<b>Nonpriority creditor's name and mailing address</b> <b>Us Yellow Pages</b> <b>PO Box 48098</b> <b>Jacksonville, FL 32247-8098</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.277 6	<b>Nonpriority creditor's name and mailing address</b> <b>Ustore</b> <b>6120 Livingston Rd</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$213.00</b>
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3.277 7	<b>Nonpriority creditor's name and mailing address</b> <b>Van D Inc</b> <b>1405 S Scarlet Oak Trail</b> <b>Sioux Falls, SD 57110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 8	<b>Nonpriority creditor's name and mailing address</b> <b>Van Meter Inc</b> <b>850 32nd Avenue Sw</b> <b>Cedar Rapids, IA 52404-3913</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.277 9	<b>Nonpriority creditor's name and mailing address</b> <b>Van Ru Credit Corporation</b> <b>PO Box 1065</b> <b>Des Plaines, IL 60017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.278 0	<b>Nonpriority creditor's name and mailing address</b> <b>Vanco Commercial Service LLC</b> <b>8025 Castleway Dr</b> <b>Indianapolis, IN 46250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.278 1	<b>Nonpriority creditor's name and mailing address</b> <b>Vanderbilt University Medical</b> <b>1161 21st Ave S</b> <b>D-3300 Medical Center North</b> <b>Nashville, TN 37232-5445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.278 2	<b>Nonpriority creditor's name and mailing address</b> <b>Vanessa Valdez</b> <b>4121 Excelsior Blvd</b> <b>Minneapolis, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.278 3	<b>Nonpriority creditor's name and mailing address</b> <b>Vasey Commercial Heating and Air Conditioning Inc</b> <b>10830 Andrade Dr</b> <b>Zionsville, IN 46077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.278 4	<b>Nonpriority creditor's name and mailing address</b> <b>Vectren Energy Delivery</b> <b>PO Box 6248</b> <b>Indianapolis, IN 46206-6248</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$808.86</b>
3.278 5	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 4830</b> <b>Trenton, NJ 08650-4830</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.01</b>
3.278 6	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 15124</b> <b>Albany, NY 12212-5124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.278 7	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 660720</b> <b>Dallas, TX 75266-0720</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.278 8	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 25505</b> <b>Lehigh Valley, PA 18002-5505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.278 9	<b>Nonpriority creditor's name and mailing address</b> <b>Versique Inc</b> <b>6465 Wayzata Blvd</b> <b>Suite 800</b> <b>Minneapolis, MN 55426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,575.00</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.279 0	<b>Nonpriority creditor's name and mailing address</b> <b>Vetsch Plumbing Services Inc</b> <b>398 Central Ave E</b> <b>Saint Michael, MN 55376</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 1	<b>Nonpriority creditor's name and mailing address</b> <b>Vetter Electric Inc</b> <b>PO Box 41645</b> <b>Nashville, TN 37204</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 2	<b>Nonpriority creditor's name and mailing address</b> <b>Victoria Fulkerson</b> <b>1828 Arbiter Ct</b> <b>Naperville, IL 60563</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 3	<b>Nonpriority creditor's name and mailing address</b> <b>Victoria Kirk</b> <b>684 Patriot Dr</b> <b>Lancaster, PA 17601</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 4	<b>Nonpriority creditor's name and mailing address</b> <b>Viking Automatic Sprinkler Com</b> <b>PO Box 74008409</b> <b>Chicago, IL 60674-8409</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 5	<b>Nonpriority creditor's name and mailing address</b> <b>Village Hanover Park</b> <b>2121 Lake St</b> <b>Hanover Park, IL 60133</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 6	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Cherry Valley</b> <b>806 E State Street</b> <b>Cherry Valley, IL 61016</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$612.10</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.279 7	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Northbrook</b> <b>1225 Cedar Lane</b> <b>Northbrook, IL 60062-4582</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 8	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Northbrook</b> <b>1225 Cedar Lane</b> <b>Northbrook, IL 60062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.279 9	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Orland Park</b> <b>14700 S Ravina</b> <b>Orland Park, IL 60462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.280 0	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Orland Park Water</b> <b>PO Box 74713</b> <b>Chicago, IL 60694-4713</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.280 1	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Schaumburg</b> <b>201 Schaumburg Court</b> <b>Schaumburg, IL 60193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.280 2	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Schaumburg</b> <b>PO Box 6755</b> <b>Carol Stream, IL 60197-6755</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.280 3	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Schaumburg</b> <b>101 Schaumburg Court</b> <b>Schaumburg, IL 60193-1899</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,950.99</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Village West Association Inc</b> <b>% Kessinger/Hunter &amp; Co Lc</b> <b>2600 Grand Blvd Suite 700</b> <b>Kansas City, MO 64108</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vincent Ken Rose</b> <b>5901 Eastwood Rd</b> <b>Saint Paul, MN 55112</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vintage Wine Comp Fintech</b>   Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vintage Wine Distrib Fn</b>   Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vintegrity LLC</b> <b>1689 N Topping Ave</b> <b>Kansas City, MO 64120</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vinyl Doctor Systems Inc</b> <b>PO Box 32086</b> <b>West Palm Beach, FL 33420</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.281 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Vinyl Masters</b> <b>Commerical Upholstery</b> <b>1661 Western Ave N</b> <b>Saint Paul, MN 55117</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.281 1	<b>Nonpriority creditor's name and mailing address</b> <b>Vinyl Pro</b> <b>1710 W 50th Street</b> <b>Sioux Falls, SD 57105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 2	<b>Nonpriority creditor's name and mailing address</b> <b>Vip Cleaning Svcs Inc</b> <b>2804 Drake Street</b> <b>Lincoln, NE 68516-2742</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 3	<b>Nonpriority creditor's name and mailing address</b> <b>Vip Lawn and Landscape Inc</b> <b>PO Box 3551</b> <b>Omaha, NE 68103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.281 4	<b>Nonpriority creditor's name and mailing address</b> <b>Vip Makeovers LLC</b> <b>13818 Clayton Rd</b> <b>Chesterfield, MO 63017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 5	<b>Nonpriority creditor's name and mailing address</b> <b>Virginia Dept Of Taxation</b> <b>PO Box 27407</b> <b>Richmond, VA 23261-7407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 6	<b>Nonpriority creditor's name and mailing address</b> <b>Virginia Dept Of Treasury</b> <b>Division Of Unclaimed Property</b> <b>PO Box 2478</b> <b>Richmond, VA 23218-2478</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 7	<b>Nonpriority creditor's name and mailing address</b> <b>Vision Technologies Inc</b> <b>PO Box 64240</b> <b>Baltimore, MD 21264-4240</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.281 8	<b>Nonpriority creditor's name and mailing address</b> <b>Visionfriendlycom Inc</b> <b>1245 E Diehl Rd</b> <b>Suite 307</b> <b>Naperville, IL 60563</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.281 9	<b>Nonpriority creditor's name and mailing address</b> <b>Visit Indy</b> <b>Dept 78942</b> <b>PO Box 78000</b> <b>Detroit, MI 48278</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 0	<b>Nonpriority creditor's name and mailing address</b> <b>Vital Accounting and Consultin</b> <b>7641 Kings Bridge Dr</b> <b>West Jordan, UT 84084</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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3.282 1	<b>Nonpriority creditor's name and mailing address</b> <b>Volunteer Welding Supply Inc</b> <b>815 Fifth Ave South</b> <b>Nashville, TN 37203</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.57</b>
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3.282 2	<b>Nonpriority creditor's name and mailing address</b> <b>Voss Distrib</b> <b>5109 Ne 17th Street</b> <b>Des Moines, IA 50313</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 3	<b>Nonpriority creditor's name and mailing address</b> <b>Voss Lighting</b> <b>PO Box 22159</b> <b>Lincoln, NE 68542-2190</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 4	<b>Nonpriority creditor's name and mailing address</b> <b>W Ld Legends Holdings Vii LLC</b> <b>PO Box 505333</b> <b>Saint Louis, MO 63150-5333</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.282 5	<b>Nonpriority creditor's name and mailing address</b> <b>Wa Light Plumb</b> <b>9815 Sea View Cove</b> <b>Fort Wayne, IN 46835</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 6	<b>Nonpriority creditor's name and mailing address</b> <b>Wade Williams</b> <b>200 American Way</b> <b>Oxon Hill, MD 20745</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 7	<b>Nonpriority creditor's name and mailing address</b> <b>Wag N Train Terrier Rescue Inc</b> <b>1006 N 77th St</b> <b>Omaha, NE 68114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.282 8	<b>Nonpriority creditor's name and mailing address</b> <b>Wags and Whiskers</b> <b>Animal Rescue Of Mn</b> <b>PO Box 304</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.09</b>
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3.282 9	<b>Nonpriority creditor's name and mailing address</b> <b>Walk With Rachel Nfp</b> <b>1039 Conrad Ct</b> <b>Elk Grove Village, IL 60007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.283 0	<b>Nonpriority creditor's name and mailing address</b> <b>Warren Township Of Marion Coun</b> <b>Small Claims Court</b> <b>501 N Post Rd Ste C</b> <b>Indianapolis, IN 46219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.283 1	<b>Nonpriority creditor's name and mailing address</b> <b>Warrior Dog Rescue</b> <b>13696 Stonebrooke Curve</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Washburn Computer Group Inc</b> <b>218 Chelsea Road</b> <b>Monticello, MN 55362</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,271.69</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Washeclair</b> <b>400 Davis Ave</b> <b>Des Moines, IA 50315</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Washington Civil Township</b> <b>1832 W Wallen Rd</b> <b>Fort Wayne, IN 46818</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Washington Gas</b> <b>PO Box 37747</b> <b>Philadelphia, PA 19101-5047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Washington High School</b> <b>Crcsd</b> <b>2205 Forest Dr Se</b> <b>Cedar Rapids, IA 52403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management National</b> <b>Services Inc</b> <b>PO Box 930580</b> <b>Atlanta, GA 31193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,355.26</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Waterville Historical Society</b> <b>PO Box 263</b> <b>Waterville, OH 43566</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.283 9	<b>Nonpriority creditor's name and mailing address</b> <b>Wayne Cnty Health Department</b> <b>33030 Van Born</b> <b>Wayne, MI 48184</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.284 0	<b>Nonpriority creditor's name and mailing address</b> <b>Weathercraft Co Of Lincoln Inc</b> <b>4510 Nw 44th St Ste A</b> <b>PO Box 80459</b> <b>Lincoln, NE 68524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.284 1	<b>Nonpriority creditor's name and mailing address</b> <b>Weber and Olcese</b> <b>3250 W Big Beaver Rd #124</b> <b>Troy, MI 48084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.284 2	<b>Nonpriority creditor's name and mailing address</b> <b>Weddingpages LLC</b> <b>11106 Mockingbird Dr</b> <b>Omaha, NE 68137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.284 3	<b>Nonpriority creditor's name and mailing address</b> <b>Weiland Enterprises Inc</b> <b>Certapro Painters Des Moines</b> <b>2771 104th Street Ste G, IA 50322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.284 4	<b>Nonpriority creditor's name and mailing address</b> <b>Weingarten Realty Investors</b> <b>PO Box 301074</b> <b>Dallas, TX 75303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,021.94</b>
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3.284 5	<b>Nonpriority creditor's name and mailing address</b> <b>Weinstock Friedman and Friedma</b> <b>10461 Mill Run Cr #550</b> <b>Owings Mills, MD 21117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.284  
6

Nonpriority creditor's name and mailing address

**Wells Fargo Shareowner  
Wf 8113  
PO Box 1450  
Minneapolis, MN 55485-8113**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.284  
7

Nonpriority creditor's name and mailing address

**Welocalize Inc  
241 E 4th St Ste 207  
Frederick, MD 21701**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.284  
8

Nonpriority creditor's name and mailing address

**West Acres Development LLP  
3902 13th Avenue South  
Suite 3717  
Fargo, ND 58103-3357**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**\$19,145.76**

3.284  
9

Nonpriority creditor's name and mailing address

**West Side Beer Distributing  
28100 Gorsuch Ave  
Romulus, MI 48174**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.285  
0

Nonpriority creditor's name and mailing address

**Western Allegheny Community Li  
181 Bateman Rd  
Oakdale, PA 15071**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.285  
1

Nonpriority creditor's name and mailing address

**Western Irrigation Inc  
26 W 307 St Charles Road  
Carol Stream, IL 60188**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.285  
2

Nonpriority creditor's name and mailing address

**Western Square Industries Inc  
1621 North Broadway Ave  
Stockton, CA 95205**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**



Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.285 3	<b>Nonpriority creditor's name and mailing address</b> <b>Weston Baril</b> <b>5407 Justice Dr S</b> <b>Fargo, ND 58104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.285 4	<b>Nonpriority creditor's name and mailing address</b> <b>Westrim Properties LLC</b> <b>11760 Treadwell Dr</b> <b>Poway, CA 92064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112,500.00</b>
3.285 5	<b>Nonpriority creditor's name and mailing address</b> <b>Westroads Mall L.L.C.</b> <b>c/o General Growth Properties</b> <b>110 North Wacker Drive</b> <b>Chicago, IL 60606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,451.09</b>
3.285 6	<b>Nonpriority creditor's name and mailing address</b> <b>Westroads Oaks Inc</b> <b>PO Box 86 Sds-12-1531</b> <b>Minneapolis, MN 55486-1531</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.285 7	<b>Nonpriority creditor's name and mailing address</b> <b>Whip It Media Inc</b> <b>20 Pidgeon Hill Dr Ste 201</b> <b>Sterling, VA 20165</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.285 8	<b>Nonpriority creditor's name and mailing address</b> <b>Whitehouse Parents Club</b> <b>6510 Texas Street</b> <b>Whitehouse, OH 43571</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.285 9	<b>Nonpriority creditor's name and mailing address</b> <b>Wholesale Lighting LLC</b> <b>5242 Angola Rd</b> <b>Suite 55</b> <b>Toledo, OH 43615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.286 0	<b>Nonpriority creditor's name and mailing address</b> <b>Wi Scff</b> <b>PO Box 74400</b> <b>Milwaukee, WI 53274</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 1	<b>Nonpriority creditor's name and mailing address</b> <b>Wiedenbachbrown</b> <b>2975 Westchester Ave Ste 203</b> <b>Purchase, NY 10577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 2	<b>Nonpriority creditor's name and mailing address</b> <b>Wil Fischer Companies</b> <b>17501 West 98th Street</b> <b>Pillar 18-49</b> <b>Lenexa, KS 66219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 3	<b>Nonpriority creditor's name and mailing address</b> <b>Wildlife Rehabilitation Center</b> <b>2530 Dale St</b> <b>Saint Paul, MN 55102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 4	<b>Nonpriority creditor's name and mailing address</b> <b>Wildwood Exteriors LLC</b> <b>9102 N Meridan St Ste 230</b> <b>Indianapolis, IN 46260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 5	<b>Nonpriority creditor's name and mailing address</b> <b>Wilking Law Firm PLLC</b> <b>3003 32nd Ave South</b> <b>Suite 240</b> <b>Fargo, ND 58103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 6	<b>Nonpriority creditor's name and mailing address</b> <b>Wilkins Elementary Parent</b> <b>Teacher Organization</b> <b>2127 27th Street</b> <b>Marion, IA 52302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.286 7	<b>Nonpriority creditor's name and mailing address</b> <b>Will L Austin</b> <b>7016 Penbrook Dr</b> <b>Franklin, TN 37069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 8	<b>Nonpriority creditor's name and mailing address</b> <b>Willamette Valley Hops LLC</b> <b>PO Box 276</b> <b>Saint Paul, OR 97137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.286 9	<b>Nonpriority creditor's name and mailing address</b> <b>Willard Community Center Inc</b> <b>Folsom</b> <b>Lincoln, NE 68522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 0	<b>Nonpriority creditor's name and mailing address</b> <b>William Beaumont Hospital</b> <b>3601 W 13 Mile Rd</b> <b>Royal Oak, MI 48073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 1	<b>Nonpriority creditor's name and mailing address</b> <b>William Luper</b> <b>PO Box 3605</b> <b>Gaithersburg, MD 20885</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,341.00</b>
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3.287 2	<b>Nonpriority creditor's name and mailing address</b> <b>William Schneider Jr</b> <b>4003 Dalewood</b> <b>Pittsburgh, PA 15227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
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3.287 3	<b>Nonpriority creditor's name and mailing address</b> <b>William W Hutton</b> <b>509 Armstrong Avenue</b> <b>Kansas City, KS 66101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.287 4	<b>Nonpriority creditor's name and mailing address</b> <b>Williamson Cnty Cham</b> <b>Of Commerce</b> <b>5005 Meridian Blvd Ste 150</b> <b>Franklin, TN 37067</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 5	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream</b> <b>PO Box 9001908</b> <b>Louisville, KY 40290-1908</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$685.89</b>
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3.287 6	<b>Nonpriority creditor's name and mailing address</b> <b>Windy City Distribution LLC</b> <b>1103 Butterfield</b> <b>Aurora, IL 60502</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 7	<b>Nonpriority creditor's name and mailing address</b> <b>Wine Merchants</b> <b>PO Box 16328</b> <b>Saint Paul, MN 55116-0328</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 8	<b>Nonpriority creditor's name and mailing address</b> <b>Wine Merchants Fintech</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.287 9	<b>Nonpriority creditor's name and mailing address</b> <b>Winnebago County Casa</b> <b>211 S Court Street Ste 258</b> <b>Rockford, IL 61101</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.288 0	<b>Nonpriority creditor's name and mailing address</b> <b>Wirtz Beverage Illinois</b> <b>PO Box 809180</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px;">3.288 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Wisconsin Dept Of Rev</b> <b>Box 930208</b> <b>Milwaukee, WI 53293-0208</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 2</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Wisconsin Dept Of Revenue</b> <b>PO Box 8982</b> <b>Unclaimed Property</b> <b>Madison, WI 53708-8982</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 3</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Wood Cnty Humane Society</b> <b>801 Van Camp Rd</b> <b>Bowling Green, OH 43402</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 4</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Wood Goods Industries Inc</b> <b>407 South Duncan Street</b> <b>Luck, WI 54853</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Wood Roofing Company Inc</b> <b>5225 Ne 17th St</b> <b>Des Moines, IA 50313</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Woodbridge Printing Co LLC</b> <b>14826 Build America Drive</b> <b>Woodbridge, VA 22191</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px;">3.288 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>World Central Kitchen</b> <b>1875 Connecticut Ave Nw</b> <b>10th Floor</b> <b>Washington, DC 20009</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.288 8	<b>Nonpriority creditor's name and mailing address</b> <b>World Vision Inc</b> <b>34834 Weyerhaeuser Way S</b> <b>PO Box 9716</b> <b>Federal Way, WA 98063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.288 9	<b>Nonpriority creditor's name and mailing address</b> <b>Wrightthennepin Electric</b> <b>PO Box 77027</b> <b>Minneapolis, MN 55480-7727</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,078.00</b>
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3.289 0	<b>Nonpriority creditor's name and mailing address</b> <b>Wrike Inc</b> <b>10 Almaden Blvd</b> <b>Floor 10 Suite 1000</b> <b>San Jose, CA 95113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.289 1	<b>Nonpriority creditor's name and mailing address</b> <b>Wsi</b> <b>1600 East Century Avenue</b> <b>Suite 1</b> <b>Bismarck, ND 58506-5585</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.289 2	<b>Nonpriority creditor's name and mailing address</b> <b>Ww Grainger Inc</b> <b>Dept 868809880</b> <b>Palatine, IL 60038-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.289 3	<b>Nonpriority creditor's name and mailing address</b> <b>Wyeast Laboratories</b> <b>PO Box 146</b> <b>Odell, OR 97044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$303.50</b>
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3.289 4	<b>Nonpriority creditor's name and mailing address</b> <b>Xcel Energy</b> <b>PO Box 9477</b> <b>Minneapolis, MN 55484-9477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,319.45</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289 5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Xi Sigma Chapter Of Phi Beta</b> <b>Sigma Fraternity Inc</b> <b>PO Box 2322</b> <b>Indianapolis, IN 46206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289 6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Yager Enterprise Inc</b> <b>3920 Mobile Ave</b> <b>Fort Wayne, IN 46805</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289 7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Yamamoto Moss Mackenzie Inc</b> <b>219 2nd St N Ste 200</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289 8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Yanez Enrique Gonzalez</b> <b>1701 W 89th St</b> <b>Minneapolis, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289 9</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Yankee Hill Landscape Company</b> <b>11855 Yankee Hill Road</b> <b>Lincoln, NE 68526</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290 0</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Yelp Inc</b> <b>PO Box 204393</b> <b>Dallas, TX 75320-4393</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290 1</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Ymca Of Greater St Louis Inc</b> <b>326 S 21st Street 4th Fl</b> <b>Saint Louis, MO 63103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.290 2	<b>Nonpriority creditor's name and mailing address</b> <b>Ymca Of Metropolitan Detroit</b> <b>14255 Stark</b> <b>Livonia, MI 48154</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 3	<b>Nonpriority creditor's name and mailing address</b> <b>Ymca Of Rock River Valley Inc</b> <b>200 Y Blvd</b> <b>Rockford, IL 61107</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 4	<b>Nonpriority creditor's name and mailing address</b> <b>Ymh Torrance Inc</b> <b>PO Box 460</b> <b>Hiawatha, IA 52233</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 5	<b>Nonpriority creditor's name and mailing address</b> <b>Yoko Gambrill</b> <b>33500 Tallyho Ct</b> <b>Solon, OH 44139</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 6	<b>Nonpriority creditor's name and mailing address</b> <b>You Yes You Project Inc</b> <b>1857 Brook Crossing Ct</b> <b>Indianapolis, IN 46229</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 7	<b>Nonpriority creditor's name and mailing address</b> <b>Young At Heart Pet Rescue Inc</b> <b>PO Box 1293</b> <b>Palatine, IL 60078</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.290 8	<b>Nonpriority creditor's name and mailing address</b> <b>Young Life</b> <b>1827 N 28th St Apt 1</b> <b>Lincoln, NE 68503</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

Name

3.290 9	<b>Nonpriority creditor's name and mailing address</b> <b>Young&amp; Richards</b> <b>222 S Phillips Ave</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 0	<b>Nonpriority creditor's name and mailing address</b> <b>Your Event Party Rental LLC</b> <b>15101 Cleat St</b> <b>Plymouth, MI 48170</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 1	<b>Nonpriority creditor's name and mailing address</b> <b>Your Williamson</b> <b>PO Box 364</b> <b>Franklin, TN 37065</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 2	<b>Nonpriority creditor's name and mailing address</b> <b>Zach Boyer</b> <b>729 Broadacre Ave</b> <b>Clawson, MI 48017</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 3	<b>Nonpriority creditor's name and mailing address</b> <b>Zach Miller</b> <b>12641 Huntington Ave</b> <b>Minneapolis, MN 55416</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 4	<b>Nonpriority creditor's name and mailing address</b> <b>Zach Olin</b> <b>3600 American Blvd W Ste 400</b> <b>Minneapolis, MN 55431</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 5	<b>Nonpriority creditor's name and mailing address</b> <b>Zachary Metzger</b> <b>1832 Crafton Blvd</b> <b>Pittsburgh, PA 15205</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known)

**19-43756**

3.291 6	<b>Nonpriority creditor's name and mailing address</b> <b>Zcp Events LLC</b> <b>10404 Hunter Ridge Dr</b> <b>Oakton, VA 22124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 7	<b>Nonpriority creditor's name and mailing address</b> <b>Zeller Electric Inc</b> <b>7 Legacy Drive</b> <b>Goodfield, IL 61742</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 8	<b>Nonpriority creditor's name and mailing address</b> <b>Zink Dist Fintech</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.291 9	<b>Nonpriority creditor's name and mailing address</b> <b>Zona Rosa Development LLC</b> <b>C/O Olshan Properties</b> <b>PO Box 304 Dept 5000</b> <b>Emerson, NJ 07630</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.292 0	<b>Nonpriority creditor's name and mailing address</b> <b>Zoning Permits Section</b> <b>11805 Sw 26 Street</b> <b>Miami, FL 33175</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.292 1	<b>Nonpriority creditor's name and mailing address</b> <b>Zwicker and Associates Pc</b> <b>7366 N Lincoln Ave #102</b> <b>Lincolnwood, IL 60712</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor **Granite City Food & Brewery Ltd.**  
Name

Case number (if known) **19-43756**

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

**5a. Total claims from Part 1**

**5b. Total claims from Part 2**

**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>0.00</b>
5b. +	\$ <b>8,540,102.50</b>
5c.	\$ <b>8,540,102.50</b>

Fill in this information to identify the case:

Debtor name **Granite City Food & Brewery Ltd.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **19-43756**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Aramark Uniform Services  
115 North First Street  
Burbank, CA 91502**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Produce Contract**

State the term remaining

List the contract number of any government contract

**Bix Produce Company  
1415 L'Orient Street  
Saint Paul, MN 55117**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease for Ft. Wayne, IN restaurant**

State the term remaining **37 months**

List the contract number of any government contract

**Brookfield Property REIT Inc.  
350 Orleans St. #300  
Chicago, IL 60654**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Vehicle Lease for 2018 Volvo Model No. VNL64T760 (October 12, 2017)**

State the term remaining **47 months**

List the contract number of any government contract

**Brown Truck Leasing Corp  
11229 Aurora Avenue  
Urbandale, IA 50322**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5.	State what the contract or lease is for and the nature of the debtor's interest	<b>Vehicle Lease for 2019 Volvo Model No. VNL64T760 (July 10, 2018)</b> <b>56 months</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>11229 AURORA AVENUE</b> <b>Urbandale, IA 50322</b>
<hr/>			
2.6.	State what the contract or lease is for and the nature of the debtor's interest	<b>Vehicle Lease of 2019 Dodge City Promaster</b>  <b>50 months</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>2525 Euclid Avenue</b> <b>Des Moines, IA 50317</b>
<hr/>			
2.7.	State what the contract or lease is for and the nature of the debtor's interest	<b>Lease for 2013 Great Dane Trailer</b>  <b>16 months</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>11229 AURORA AVENUE</b> <b>Urbandale, IA 50322</b>
<hr/>			
2.8.	State what the contract or lease is for and the nature of the debtor's interest	<b>Lease for 2014 Great Dane Trailer</b>  <b>46 months</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>11229 AURORA AVENUE</b> <b>Urbandale, IA 50322</b>
<hr/>			
2.9.	State what the contract or lease is for and the nature of the debtor's interest	<b>Lease for 2014 Kenworth T680 Sleeper</b>  <b>0</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>2525 Euclid Avenue</b> <b>Des Moines, IA 50317</b>
<hr/>			
2.10.	State what the contract or lease is for and the nature of the debtor's interest	<b>1999 Great Dane Trailer</b>  <b>unknown</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Brown Truck Leasing Corporatio</b> <b>11229 AURORA AVENUE</b> <b>Urbandale, IA 50322</b>

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **2016 Hyundai Trailer**

State the term remaining **unknown**

List the contract number of any government contract

**Brown Truck Leasing Corporatio**  
**11229 AURORA AVENUE**  
**Urbandale, IA 50322**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Lease for Creve Couer, MO restaurant**

State the term remaining **37 months**

List the contract number of any government contract

**CAPLACO NINE INC**  
**11850 STUDDT AVENUE**  
**PO Box 419121**  
**Saint Louis, MO 63141**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Lease for Rockford, IL restaurant**

State the term remaining **20 months**

List the contract number of any government contract

**Cherryvale Mall LLC**  
**CBL Center #500**  
**2030 Hamilton Place Blvd**  
**Chattanooga, TN 37421**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Lease for Indianapolis, IN restaurant**

State the term remaining **43 months**

List the contract number of any government contract

**Circle Centre Mall LLC**  
**866980 Reliable Parkway**  
**Chicago, IL 60686**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Beverage Marketing Agreement**

State the term remaining

List the contract number of any government contract

**Coca-Cola Foodservice**  
**PO Box 602937**  
**Charlotte, NC 28250**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Product and Services Supply Agreement**

**Cocacola National**  
**PO Box 102703**  
**Atlanta, GA 30368**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Administration Tool Service Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Discoverlink Inc  
1525 Kautz Road Ste 700  
West Chicago, IL 60185**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Fountain Support Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Dr Pepper/Seven Up, Inc.  
5301 Legacy Drive  
Plano, TX 75024-3109**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Lease for Franklin, TN restaurant**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**89 months**

**Drury Development Corp  
721 Emerson Road #200  
Saint Louis, MO 63141**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **Product and Services Supply Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**18 months**

**Ecolab Inc.  
1 Ecolab Place  
Saint Paul, MN 55102**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Edward Don & Company  
2500 South Harlem Avenue  
Riverside, IL 60546**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Lease for Toledo, OH restaurant**

State the term remaining **38 months**

List the contract number of any government contract \_\_\_\_\_

**Fallen Timbers Ohio LLC  
c/o NAMCO Realty LLC  
150 Great Neck Road #304  
Great Neck, NY 11021**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Purchase Agreement**

State the term remaining **27 months**

List the contract number of any government contract \_\_\_\_\_

**Farmer Bros. Co.  
1912 Farmer Brothers Drive  
Roanoke, TX 76262**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Product and Services Supply Agreement**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Farmer Brothers Company Inc  
PO Box 732855  
Dallas, TX 75373-2855**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Lease for Des Moines, IA restaurant**

State the term remaining **46 months**

List the contract number of any government contract \_\_\_\_\_

**Francis Properties LLC  
5507 Valley Drive  
#6  
Bettendorf, IA 52722**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**G&K Services  
621 Olson Memorial Highway  
Minneapolis, MN 55405**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Lease for corporate office in MN**

State the term remaining **28 months**

List the contract number of any \_\_\_\_\_

**GKII Northland Center LLC  
KBS/GK Fund II LP  
3500 American Blvd. W #200  
Minneapolis, MN 55431**



Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Lease for Maple Grove, MN restaurant**

State the term remaining **55 months**

List the contract number of any government contract

**Hanson, Todd and Lori**  
**13846 SD Hwy 40**  
**Hermosa, SD 57744**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Lease for 2016 Yale ERP030VT Forklift**

State the term remaining **22 months**

List the contract number of any government contract

**Hyg Financial Services Inc**  
**300 E John Carpenter Freeway**  
**Irving, TX 75062-2712**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Lease for Pittsburgh, PA Lease**

State the term remaining **60 months**

List the contract number of any government contract

**Indland Commercial Real Estate**  
**2901 Butterfield Road**  
**Oak Brook, IL 60523**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Lease for Sioux Falls, SD restaurant**

State the term remaining **133 months**

List the contract number of any government contract

**Johnson, Doug**  
**P.O. Box 90406**  
**Sioux Falls, SD 57109**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Lease for Zona Rosa, MO restaurant**

State the term remaining **127 months**

List the contract number of any government contract

**Johnson, Doug**  
**P.O. Box 90406**  
**Sioux Falls, SD 57109**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Lease for East Peoria, IL restaurant**

**Johnson, Doug**  
**P.O. Box 90406**  
**Sioux Falls, SD 57109**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **95 months**

List the contract number of any government contract \_\_\_\_\_

2.34. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Katz Americas**  
**3685 Lockport Road**  
**Sanborn, NY 14132**2.35. State what the contract or lease is for and the nature of the debtor's interest **Lease for Orland Park, IL restaurant**State the term remaining **13 months**

List the contract number of any government contract \_\_\_\_\_

**LANE, RICHARD AND CAMERON**  
**1000 N RUSH STREET**  
**Michigan City, IN 46361**2.36. State what the contract or lease is for and the nature of the debtor's interest **Lease for Legacy, OH restaurant**State the term remaining **56 months**

List the contract number of any government contract \_\_\_\_\_

**Legacy Village Investors LLC**  
**25333 Cedar Raod #300**  
**Cleveland, OH 44124**2.37. State what the contract or lease is for and the nature of the debtor's interest **Pricing Agreement**State the term remaining **1 month**

List the contract number of any government contract \_\_\_\_\_

**Mazzetta Company, LLC**  
**1990 Saint Johns Avenue**  
**Highland Park, IL 60035**2.38. State what the contract or lease is for and the nature of the debtor's interest **Lease for Mall of America restaurant in MN**State the term remaining **12 months**

List the contract number of any government contract \_\_\_\_\_

**MOAC Mall Holdings LLC**  
**60 East Broadway**  
**Minneapolis, MN 55425**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **Product and Services Supply Agreement**

State the term remaining

List the contract number of any government contract

**Nuco2 Inc**  
**PO Box 417902**  
**Boston, MA 02241-7902**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Beverage Gas Equipment/Product Supply Agreement**

State the term remaining

List the contract number of any government contract

**NuCO2 LLC**  
**2800 SE Market Place**  
**Stuart, FL 34997**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Lease for National Harbor, MD Cadillac Ranch restaurant**

State the term remaining

**51 months**

List the contract number of any government contract

**Peterson Companies**  
**12500 Fair Lakes Circle #400**  
**Fairfax, VA 22033**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Lease for National Harbor, MD Granite City restaurant**

State the term remaining

**80 months**

List the contract number of any government contract

**Peterson Companies**  
**12500 Fair Lakes Circle #400**  
**Fairfax, VA 22033**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Lease for Roseville, MN restaurant**

State the term remaining

**26 months**

List the contract number of any government contract

**PPF RTL ROSEDALE SHOPPING CENT**  
**29974 Network Place**  
**Chicago, IL 60673**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Lease for Cedar Rapids, IA restaurant**

State the term remaining

**48 months**

List the contract number of any government contract

**Rainmaker Management Inc**  
**4701 1st Avenue SE**  
**Cedar Rapids, IA 52402**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest **Product and Services Supply Agreement**

State the term remaining

List the contract number of any government contract

**Restaurant Technologies Inc**  
**2250 Pilot Knob Rd**  
**Saint Paul, MN 55120**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Restaurant Technologies Inc**  
**2250 Pilot Knob Rd**  
**Saint Paul, MN 55120**

2.47. State what the contract or lease is for and the nature of the debtor's interest **Lease for Detroit, MI restaurant**

State the term remaining

**195 months**

List the contract number of any government contract

**Riverfront Holdings, Inc.**  
**c/o CBRE, Inc. Lease Admin**  
**400 Renaissance Center 25th Fl**  
**Detroit, MI 48243**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Lease for Lincoln, NE restaurant**

State the term remaining

**82 months**

List the contract number of any government contract

**Star-West Gateway LLC**  
**c/o Starwood Retail Partners**  
**One East Wacker Drive, #3700**  
**Chicago, IL 60601**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Lease for St. Cloud, MN restaurant**

State the term remaining

**114 months**

List the contract number of any government contract

**Store Master Funding I, LLC**  
**8377 East Hartford Drive**  
**#100**  
**Scottsdale, AZ 85255**

2.50. State what the contract or lease is for and the nature of the debtor's interest **Lease for Davenport, IA restaurant**

**Store Master Funding I, LLC**  
**8377 East Hartford Drive**  
**#100**  
**Scottsdale, AZ 85255**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

2.51. State what the contract or lease is for and the nature of the debtor's interest **Lease for Eagan, MN restaurant**State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

**Store Master Funding I, LLC  
8377 East Hartford Drive  
#100  
Scottsdale, AZ 85255**2.52. State what the contract or lease is for and the nature of the debtor's interest **Lease for Olathe, KS restaurant**State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

**Store Master Funding I, LLC  
8377 East Hartford Drive  
#100  
Scottsdale, AZ 85255**2.53. State what the contract or lease is for and the nature of the debtor's interest **Lease for Troy, MI restaurant**State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

**Store Master Funding I, LLC  
8377 East Hartford Drive  
#100  
Scottsdale, AZ 85255**2.54. State what the contract or lease is for and the nature of the debtor's interest **Lease for Naperville, IL restaurant**State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

**Store Master Funding I, LLC  
8377 East Hartford Drive  
#100  
Scottsdale, AZ 85255**2.55. State what the contract or lease is for and the nature of the debtor's interest **Lease for Schaumburg, IL restaurant**State the term remaining **114 months**

List the contract number of any government contract \_\_\_\_\_

**Store Master Funding I, LLC  
8377 East Hartford Drive  
#100  
Scottsdale, AZ 85255**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.56. State what the contract or lease is for and the nature of the debtor's interest **Lease for Carmel, IN restaurant**

State the term remaining **51 months**

List the contract number of any government contract \_\_\_\_\_

**SVH Real Estate, Inc.  
250 West 96th Street  
Indianapolis, IN 46260**

2.57. State what the contract or lease is for and the nature of the debtor's interest **Master Distribution Agreement**

State the term remaining **17 months**

List the contract number of any government contract \_\_\_\_\_

**Sysco Corporation  
1390 Enclave Parkway  
Houston, TX 77077-2099**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Lease for Northville, MI restaurant**

State the term remaining **124 months**

List the contract number of any government contract \_\_\_\_\_

**The Indland Real Estate Groupo  
2901 Butterfield Road  
Oak Brook, IL 60523**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Lease for Kendall, FL restaurant**

State the term remaining **21 months**

List the contract number of any government contract \_\_\_\_\_

**The Palms at Town & Country  
Weingarten REalty  
P.O. Box 301074  
Dallas, TX 75303**

2.60. State what the contract or lease is for and the nature of the debtor's interest **Lease for Northbrook, IL restaurant**

State the term remaining **141 months**

List the contract number of any government contract \_\_\_\_\_

**Torres, Marisol  
1211 West 22nd Street #300  
Oak Brook, IL 60523**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Lease for South Bend, IN restaurant**

State the term remaining **44 months**

List the contract number of any government contract \_\_\_\_\_

**University Mark Mall, LLC  
c/o Simon Properties  
867525 Reliable Parkway  
Chicago, IL 60686**

Debtor 1 **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.62. State what the contract or lease is for and the nature of the debtor's interest

**New Product/Special Order Notification and Agreement**

State the term remaining

List the contract number of any government contract

**Us Foods Culinary  
Equipment and Supplies  
PO Box 64177  
Saint Paul, MN 55164**

2.63. State what the contract or lease is for and the nature of the debtor's interest

**Operator Agreement**

State the term remaining

**10 months**

List the contract number of any government contract

**Ventura Foods, LLC  
40 Pointe Drive  
Brea, CA 92821**

2.64. State what the contract or lease is for and the nature of the debtor's interest

**Master Services Agreement**

State the term remaining

List the contract number of any government contract

**Waste Management National  
Services Inc  
415 Day Hill Road  
Windsor, CT 06095**

2.65. State what the contract or lease is for and the nature of the debtor's interest

**Lease for Fargo, ND restaurant**

State the term remaining

**24 months**

List the contract number of any government contract

**WEST ACRES DEVELOPMENT LLP  
3902 13th AVenue South  
#3717  
Fargo, ND 58103**

2.66. State what the contract or lease is for and the nature of the debtor's interest

**Lease for Legends, KS restaurant**

State the term remaining

**158 months**

List the contract number of any government contract

**Westrim Properties LLC  
4628 Calle de Vida  
San Diego, CA 92124**

2.67. State what the contract or lease is for and the nature of the debtor's interest

**Lease for Omaha, NE restaurant****Westroads Mall L.L.C.  
c/o General Growth Properties  
110 North Wacker Drive  
Chicago, IL 60606**

Debtor 1 **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining **87 months**

List the contract number of any government contract \_\_\_\_\_



Fill in this information to identify the case:

Debtor name **Granite City Food & Brewery Ltd.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **19-43756**

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- |       |                                      |   |                                     |  |
|-------|--------------------------------------|---|-------------------------------------|--|
| 2.1   | <b>Granite City of Indiana, Inc.</b> | <b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b> | <b>Citizens Bank, N.A.</b>          | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                                      |   |                                     |  |
| 2.2   | <b>Granite City of Indiana, Inc.</b> | <b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b> | <b>Great Western Bank</b>           | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                                      |   |                                     |  |
| 2.3   | <b>Granite City of Indiana, Inc.</b> | <b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b> | <b>JMB Capital Partners Lending</b> | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                                      |   |                                     |  |
| 2.4   | <b>Granite City of Kansas Ltd.</b>   | <b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b> | <b>Citizens Bank, N.A.</b>          | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |

Debtor **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	<b>Granite City of Kansas Ltd.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	<b>Granite City of Kansas Ltd.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	<b>Granite City of Maryland, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	<b>Granite City of Maryland, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	<b>Granite City of Maryland, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	<b>Granite City of Ohio, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	<b>Granite City of Ohio, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	<b>Granite City of Ohio, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	<b>Granite City Restaurant Operat</b>	<b>3600 American Blvd. W #400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.14	<b>Granite City Restaurant Operat</b>	<b>3600 American Blvd. W #400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	<b>Granite City Restaurant Operat</b>	<b>3600 American Blvd. W #400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	<b>Granite City – Arkansas, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	<b>Granite City – Arkansas, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	<b>Granite City – Arkansas, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.19	<b>Granite City-Creve Coeur, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	<b>Granite City-Creve Coeur, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	<b>Granite City-Creve Coeur, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.22	<b>Granite City-Orland Park, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	<b>Granite City-Orland Park, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	<b>Granite City-Orland Park, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	<b>Granite City-Peoria, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Granite City Food & Brewery Ltd.**

Case number (if known) **19-43756**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.26	<b>Granite City-Peoria, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	<b>Granite City-Peoria, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	<b>Granite City-Rockford, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Citizens Bank, N.A.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29	<b>Granite City-Rockford, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>Great Western Bank</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.30	<b>Granite City-Rockford, Inc.</b>	<b>3600 American Blvd. West Suite 400 Minneapolis, MN 55431</b>	<b>JMB Capital Partners Lending</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Granite City Food & Brewery Ltd.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 19-43756

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From **1/01/2019** to **Filing Date**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$125,279,047.00**

**For prior year:**  
From **1/01/2018** to **12/31/2018**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$133,837,780.00**

**For year before that:**  
From **1/01/2017** to **12/31/2017**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$141,206,005.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**For year before that:**  
From **1/01/2017** to **12/31/2017**

**Interest Income**

**\$264.00**

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>American Express Plum Card</b> <b>P.O. Box 981535</b> <b>El Paso, TX 79998-1535</b>	<b>Various</b>	<b>\$99,802.71</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Merchant credit card fees</u></b>
3.2. <b>Epiq Corporate Restructuring</b> <b>777 Third Avenue</b> <b>12th Floor</b> <b>New York, NY 10017</b>	<b>10/3/2019,</b> <b>11/20/2019</b>	<b>\$13,721.95</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>JMB Capital Partners Lending</b> <b>1999 Avenue of the Stars</b> <b>Suite 2040</b> <b>Los Angeles, CA 90067</b>	<b>10/31/2019,</b> <b>11/25/2019</b>	<b>\$14,250.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. <b>Schuckit and Associates PC</b> <b>4545 Northwestern Drive</b> <b>Zionsville, IN 46077</b>	<b>10/9/2019,</b> <b>10/21/2019</b>	<b>\$10,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>Arent Fox LLP</b> <b>1717 K Street NW</b> <b>Washington, DC 20006</b>	<b>10/8/2019</b>	<b>\$50,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>Meltzer Purtil and Stelle LLC</b> <b>1515 E Woodfield Rd</b> <b>Schaumburg, IL 60173</b>	<b>11/8/2019</b>	<b>\$15,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>Store Capital Corporation</b> <b>8377 East Hardford Dr Ste 100</b> <b>Scottsdale, AZ 85255</b>	<b>11/8/2019</b>	<b>\$120,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Rent payments</u></b>

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Michael Ash 11760 Treadwell Drive Poway, CA 92064</b>	<b>12/6/2019</b>	<b>\$37,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Rent payment</u></b>
3.9. <b>American Express Plum Card P.O. Box 981535 El Paso, TX 79998-1535</b>	<b>Various</b>	<b>\$1,467,143.18</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.10 <b>Discovery Benefits Inc PO Box 9528 Fargo, ND 58106-9528</b>	<b>Various</b>	<b>\$20,062.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Insurance Benefits</u></b>
3.11 <b>Internal Revenue Service PO Box 802501 Cincinnati, OH 45280</b>	<b>9/24/2019, 10/10/2019, 10/22/2019, 11/13/2019, 11/19/2019, 12/10/2019</b>	<b>\$20,713.51</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Excise Tax</u></b>
3.12 <b>Great Western Bank 225 South Main Avenue Sioux Falls, SD 57104</b>	<b>9/30/2019, 10/30/2019, 12/2/2019</b>	<b>\$22,500.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 <b>Citizens Bank, N.A. One Park Plaza Suite 400 Irvine, CA 92614</b>	<b>10/16/2019, 11/18/2019, 12/16/2019</b>	<b>\$15,443.38</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Bank service charges</u></b>
3.14 <b>Alcoholic Beverage Control Div Docking State Office Bldg 915 Sw Harrison St Topeka, KS 66625</b>	<b>Various</b>	<b>\$8,788.96</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 <b>3 5 Refunds Inc. 3033 EXCELSIOR BLVD STE 570 Minneapolis, MN 55416</b>	<b>11/27/2019</b>	<b>\$7,218.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____



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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.16 <b>Alliance Refrigeration Co Inc</b> 100 Frontier Way Bensenville, IL 60106	Various	\$13,868.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 <b>Alliant Energy Iowa</b> PO Box 3062 Cedar Rapids, IA 52406-3062	10/8/2019, 10/29/2019, 11/5/2019, 12/10/2019	\$22,111.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 <b>Allied Refrigeration Ac and Re</b> 11341 Sw 145th Ave Miami, FL 33186	10/4/2019, 10/22/2019, 10/25/2019	\$7,420.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 <b>Altemp Mechanical Inc</b> 303 Lindsay Road Hudson, WI 54016	Various	\$7,023.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 <b>Ameren Illinois</b> PO Box 88034 Chicago, IL 60680-1034	10/8/2019, 11/5/2019, 12/3/2019	\$14,557.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 <b>Ameren Missouri</b> PO Box 88068 Chicago, IL 60680-1068	9/27/2019, 10/18/2019, 11/19/2019	\$18,880.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 <b>Ameripride Services Inc</b> PO Box 1010 Bemidji, MN 56619-1010	Various	\$16,430.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 <b>Annette Johnson</b> 46 Indian Hills Drive Circle Pines, MN 55014	10/8/2019, 10/18/2019, 10/29/2019, 11/5/2019, 11/27/2019	\$61,386.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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3.24 Anthony E Casanova 8107 Marshalsea Commerce Township, MI 48382	10/1/2019, 10/18/2019, 10/22/2019, 11/5/2019, 11/12/2019, 11/26/2019, 12/3/2019, 12/10/2019	\$9,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.25 APIS Business Intelligence LLC 5055 W Park Blvd Ste 700 Plano, TX 75093	10/8/2019, 10/11/2019, 11/15/2019	\$9,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.26 Aramark Uniform Services 115 North First Street Burbank, CA 91502	Various	\$21,105.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.27 AT&T PO Box 5080 Carol Stream, IL 60197-5080	Various	\$7,365.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.28 Athens Distrib Fintech 3109 West Dr. MLK Jr. Blvd. Suite 200 Tampa, FL 33607	Various	\$8,275.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.29 Atmos Energy PO Box 790311 Saint Louis, MO 63179-0311	9/24/2019, 10/18/2019, 11/8/2019, 11/15/2019, 11/19/2019	\$15,007.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.30 Benz Beverage Depot 501 7th Avenue Se Cedar Rapids, IA 52401	various	\$9,997.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.31 Betel Home Care LLC 1855 N Park Dr Saint Paul, MN 55119	9/24/2019, 10/25/2019, 11/22/2019	\$21,770.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.32 <b>Beverage Distrib la Fintech</b> 3109 W. Dr. MLK Jr. Blvd. Suite 200 Tampa, FL 33607	<b>Various</b>	<b>\$8,767.19</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.33 <b>Birko Corp</b> 9152 Yosemite St Henderson, CO 80640	<b>Various</b>	<b>\$18,662.90</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.34 <b>Bix Produce Co</b> 3060 Centerville Rd Little Canada, MN 55117	<b>Various</b>	<b>\$151,656.94</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.35 <b>Blue Cross Blue Shield</b> PO Box 64676 Saint Paul, MN 55164-0676	<b>9/24/2019, 10/22/2019, 11/19/2019</b>	<b>\$426,910.24</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.36 <b>Blueline Security Services LLC</b> 851 Brightseat Road Landover, MD 20785	<b>10/4/2019, 11/1/2019, 12/3/2019</b>	<b>\$16,378.78</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.37 <b>Bmi Cr Annapolis</b> PO Box 630893 Cincinnati, OH 45263-0893	<b>10/29/2019</b>	<b>\$15,858.81</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.38 <b>Bob Hall Fintech</b> 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	<b>Various</b>	<b>\$16,516.78</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.39 <b>Boelter Brands LLC</b> PO Box 734296 Chicago, IL 60673-4296	<b>Various</b>	<b>\$9,241.46</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.40 <b>Bozick Distrib</b> 2840 Old Washington Road Waldorf, MD 20601	Various	\$11,454.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.41 <b>Breakthru Beverage Illinois LL</b> 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$39,073.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.42 <b>Breakthru Beverage Md</b> 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$48,830.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.43 <b>Breakthru Beverage Minnesota</b> Wine & Spirits LLC 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$23,672.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.44 <b>Brewers Supply Group</b> PO Box 74769 Chicago, IL 60694-4769	9/24/2019, 10/4/2019, 10/18/2019, 11/1/2019, 11/19/2019, 11/26/2019, 12/3/2019	\$12,727.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.45 <b>Bright Cleaning Solutions Tn L</b> 4235 Hillsboro Pike Ste 300 Nashville, TN 37215	10/15/2019, 11/1/2019, 11/8/2019, 12/10/2019	\$12,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.46 <b>Brinks Incorporated</b> 7373 Solutions Center Chicago, IL 60677-7003	9/24/2019, 10/8/2019, 10/11/2019, 11/1/2019, 11/5/2019, 12/3/2019	\$11,244.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.47 <b>Brown Bag Liquor LLC</b> 195 North Parker Olathe, KS 66061	Various	\$32,460.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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3.48 <b>Brown Truck Leasing Corp</b> 11229 Aurora Avenue Urbandale, IA 50322	9/20/2019, 10/8/2019, 10/29/2019, 11/5/2019, 11/12/2019, 11/26/2019	<b>\$36,983.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.49 <b>Bryan Richter</b> 15420 Warwick Detroit, MI 48223	12/13/2019	<b>\$8,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Employee reimbursement</b></u>
3.50 <b>Canada Malting Co Ltd</b> T57585u PO Box 57585 Station A Toronto, ON	9/24/2019, 10/25/2019, 12/6/2019	<b>\$44,885.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.51 <b>Capital Commercial Cleaning Se</b> 5401 Hamilton St #2 Hyattsville, MD 20781	9/24/2019, 11/1/2019, 11/26/2019	<b>\$14,960.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.52 <b>Capitol Beverage Sales Fintech</b> 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	<b>\$10,122.90</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.53 <b>Caplaco Nine Inc</b> 11850 Studt Avenue PO Box 419121 Saint Louis, MO 63141	9/24/2019, 10/25/2019, 12/13/2019	<b>\$119,634.66</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.54 <b>Carlos Moran</b> 4242 Shirley Ave Lynwood, CA 90262	Various	<b>\$56,641.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.55 <b>Cass Co Electric Coop</b> PO Box 6088 Fargo, ND 58108	9/24/2019, 10/18/2019, 11/19/2019	<b>\$23,252.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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3.56 Cch Incorporated PO Box 4307 Carol Stream, IL 60197-4307	10/18/2019	\$6,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.57 Cherryvale Mall LLC PO Box 955607 Cbl #0467 Saint Louis, MO 63195-5607	10/25/2019	\$35,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.58 Cintas Dv PO Box 630921 Cincinnati, OH 45263-0921	Various	\$14,606.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.59 Cintas Corporation No 2 PO Box 650838 Dallas, TX 75265-0838	Various	\$33,107.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.60 Cintas PO Box 88005 Chicago, IL 60680-1005	Various	\$13,979.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.61 City Of Bloomington 1800 W Old Shakopee Rd Bloomington, MN 55431-3027	9/18/2019, 10/4/2019, 10/15/2019, 11/1/2019, 11/19/2019, 11/22/2019	\$15,788.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.62 City Of Eagan 3830 Pilot Knob Road Eagan, MN 55122-1897	11/1/2019, 11/19/2019	\$11,457.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.63 City Of Ellsworth 1528 Dewitt St Ellsworth, IA 50075	10/11/2019, 11/15/2019, 12/10/2019	\$7,171.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

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3.64 City Of Naperville 400 S Eagle Street Naperville, IL 60540	Various	\$39,774.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.65 City Of Olathe Water PO Box 2100 Olathe, KS 66051-2100	10/8/2019, 11/5/2019, 12/10/2019	\$8,340.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.66 City Of Roseville 2660 Civic Center Drive Roseville, MN 55113	10/25/2019, 11/1/2019	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.67 Clifton Larson Allen LLP 220 S 6th St Ste 300 Minneapolis, MN 55402	12/3/2019	\$7,053.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.68 Clive Water Dept 1900 Nw 114th St Clive, IA 50325-7077	10/11/2019, 11/5/2019, 12/10/2019	\$7,728.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.69 Coastal Sunbelt Produce LLC PO Box 62860 Baltimore, MD 21264	Various	\$58,053.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.70 Collins Mechanical Svcs 9290 Bay View Place Nanjemoy, MD 20662	Various	\$17,313.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.71 Comcast Holdings Corporation PO Box 35170 Seattle, WA 98124-5170	Various	\$9,030.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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3.72 Comed PO Box 6111 Carol Stream, IL 60197-6111	9/24/2019, 9/27/2019, 10/4/2019, 10/8/2019, 10/25/2019, 11/1/2019, 11/5/2019, 11/26/2019, 12/3/2019	\$37,489.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.73 Constellation Newenergy Inc PO Box 4640 Carol Stream, IL 60197-4640	10/4/2019, 10/11/2019, 10/25/2019, 11/4/2019, 12/10/2019	\$46,262.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.74 Consumers Energy PO Box 740309 Cincinnati, OH 45274-0309	9/24/2019, 9/27/2019, 10/25/2019, 12/6/2019	\$13,202.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.75 Dakota Electric PO Box 64427 Saint Paul, MN 55164-0427	9/20/2019, 10/25/2019, 11/19/2019	\$17,599.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.76 Dakota Gasket LLC PO Box 163 West Fargo, ND 58078	11/5/2019	\$8,383.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.77 Dean Foods Nc Inc PO Box 1450 Nw 8318 Minneapolis, MN 55485-8318	Various	\$7,101.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.78 Dennys 5th Avenue Bakery PO Box 856090 Minneapolis, MN 55485-6090	Various	\$7,167.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__



Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.79 Directv LLC PO Box 5006 Carol Stream, IL 60197-5006	Various	\$53,077.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.80 Doug Johnson PO Box 90406 Sioux Falls, SD 57109	10/9/2019, 11/8/2019	\$75,181.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.81 Drury Development Corp 721 Emerson Road #200 Saint Louis, MO 63141	10/16/2019, 12/13/2019	\$153,145.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.82 Dte Energy PO Box 740786 Cincinnati, OH 45274-0786	10/4/2019, 10/25/2019, 12/3/2019	\$23,697.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.83 Duff and Phelps Holdings Inc 55 E 52nd St 31st Fl New York, NY 10055	9/27/2019, 10/29/2019, 11/8/2019, 11/22/2019, 12/13/2019, 12/12/2019, 12/6/2019	\$586,529.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.84 Dunbar Mechanical Inc PO Box 352350 Toledo, OH 43635-2350	10/18/2019, 10/22/2019, 10/25/2019, 11/5/2019, 12/10/2019	\$8,127.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.85 Eagle Brands Sales Fintech 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$10,940.15	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.86 Ecolab Inc 26397 Network Place Chicago, IL 60673-1263	Various	\$66,997.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.87 Ecolab Pest Elim Div 26252 Network Place Chicago, IL 60673-1262	Various	\$31,074.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.88 Edward Don & Co 2562 Paysphere Circle Chicago, IL 60674	Various	\$450,963.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.89 Eec Acquisition LLC PO Box 74008980 Chicago, IL 60674-8980	Various	\$42,810.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.90 Emily Scott 214 4th Ste E #207 Saint Paul, MN 55101	Various	\$20,115.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee reimbursement</u>
3.91 Empire Distributors Of Tennessee Inc	Various	\$23,272.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.92 Encore One LLC PO Box 9201 Mi 10 Minneapolis, MN 55480-9201	Various	\$12,609.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.93 Enviromaster Inc PO Box 90026 Sioux Falls, SD 57109	Various	\$8,551.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.94 Enviromatic Corp Of America 5936 Pillsbury Avenue South Minneapolis, MN 55419	Various	\$27,051.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.95 Epiq Systems Acquisition Inc. 777 Third Avenue, 12th Floor New York, NY 10017	11/22/2019, 12/6/2019	\$9,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.96 Equiniti Trust Co Inc PO Box 856686 Minneapolis, MN 55485-6686	9/24/2019, 10/25/2019, 11/22/2019	\$7,066.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.97 Fallen Timbers Ohio LLC c/o NAMCO Realty LLC 150 Great Neck Road #304 Great Neck, NY 11021	11/11/2019	\$94,182.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.98 Family Support Payment Center PO Box 109001 Jefferson City, MO 65110	Various	\$8,180.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Garnishments</u>
3.99 Florida Power and Light General Mail Facility Miami, FL 33188-0001	9/24/2019, 10/18/2019, 11/19/2019	\$19,838.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 0. Foxx Equipment Co Inc 421 Southwest Blvd Kansas City, MO 64108-2184	Various	\$7,603.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 1. Francis Properties LLC 5507 Valley Drive #6 Bettendorf, IA 52722	10/16/2019, 10/17/2019	\$38,654.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.10 2. Freedom Fresh LLC 11001 Nw 124th Street Medley, FL 33178	Various	\$10,118.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

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Creditor's Name and Address		Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 3.	<b>Gallagher Benefit Svcs Inc</b> <b>2850 West Golf Road</b> <b>5th Floor</b> <b>Rolling Meadows, IL 60008</b>	<b>9/24/2019,</b> <b>10/25/2019,</b> <b>11/26/2019</b>	<b>\$21,249.99</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 4.	<b>Gather Technologies Inc</b> <b>715 Peachtree St Ne</b> <b>Atlanta, GA 30308</b>	<b>10/11/2019,</b> <b>10/22/2019,</b> <b>10/25/2019,</b> <b>11/22/2019</b>	<b>\$12,105.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 5.	<b>Ggplp Prime LLC</b> <b>PO Box 776250</b> <b>Chicago, IL 60677-6250</b>	<b>9/17/2019,</b> <b>10/16/2019,</b> <b>10/29/2019,</b> <b>11/25/2019</b>	<b>\$81,945.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Lease payments</b>
3.10 6.	<b>Giant Eagle Inc</b> <b>34310 Aurora Rd</b> <b>Solon, OH 44139</b>	<b>Various</b>	<b>\$7,337.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 7.	<b>Glazers Distribution</b> <b>4377 Nw 112th St</b> <b>Urbandale, IA 50322</b>	<b>Various</b>	<b>\$7,697.84</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 8.	<b>Gold Coast Bev</b> <b>Distributors Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$22,196.90</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 9.	<b>Goodwin Tucker</b> <b>PO Box 3285</b> <b>Des Moines, IA 50316-0285</b>	<b>Various</b>	<b>\$13,333.55</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 0.	<b>Great Lakes Wine &amp; Spirits Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$36,726.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.11 1. <b>Great Western Malting Co Inc</b> <b>PO Box 51602</b> <b>Los Angeles, CA 90051-5902</b>	<b>Various</b>	<b>\$16,090.42</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 2. <b>Grogans Beer</b> <b>840 4th Ave</b> <b>Coraopolis, PA 15108</b>	<b>Various</b>	<b>\$31,237.08</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 3. <b>Heidelberg Dist Toledo Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$6,863.45</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 4. <b>Hockenbergs Equip and Supply</b> <b>Co Inc</b> <b>3650 Annapolis Lane Ste 107</b> <b>Plymouth, MN 55447</b>	<b>11/1/2019,</b> <b>11/5/2019,</b> <b>11/12/2019,</b> <b>11/15/2019</b>	<b>\$13,465.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 5. <b>Ht Service LLC</b> <b>PO Box 12339</b> <b>Kansas City, MO 64116</b>	<b>Various</b>	<b>\$32,872.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 6. <b>Hy Vee Inc</b> <b>2200 W Kimberly Rd</b> <b>Davenport, IA 52806</b>	<b>Various</b>	<b>\$8,262.53</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 7. <b>Il State Disbursement Unit</b> <b>PO Box 5400</b> <b>Carol Stream, IL 60197</b>	<b>Varoius</b>	<b>\$7,905.91</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Garnishment</u></b>
3.11 8. <b>Imperial Beverage Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$8,356.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.11 9. Indiana Michigan Power PO Box 371496 Pittsburgh, PA 15250	9/24/2019, 10/18/2019, 11/19/2019	\$17,826.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 0. Indiana Wholesale In Fintech 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$8,341.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 1. Indianapolis Power and Light Company PO Box 110 Indianapolis, IN 46206-0110	9/24/2019, 10/11/2019, 11/19/2019	\$15,852.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 2. Infosync Services LLC 1938 N Woodlawn Wichita, KS 67208	Various	\$131,543.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 3. Inland National Real Estate 62903 Collections Center Drive Chicago, IL 60693	Various	\$158,021.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.12 4. Inland Property Management LLC PO Box 74008648 Chicago, IL 60674	Various	\$212,165.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.12 5. James Kallish 5820 Oakwood Dr 2a Lisle, IL 60532	9/24/2019, 10/1/2019, 10/22/2019	\$12,065.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee reimbursement</u>
3.12 6. Janiking Of Kansas 14821 W 95th St Lenexa, KS 66215	10/1/2019, 11/1/2019, 12/3/2019	\$7,704.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.12 7. <b>Johnson Bros</b> <b>6600 Merle Hay Rd</b> <b>Johnston, IA 50131</b>	<b>Various</b>	<b>\$33,841.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 8. <b>Johnson Brothers Of North Dako</b> <b>PO Box 9095</b> <b>Fargo, ND 58106-9095</b>	<b>Various</b>	<b>\$7,366.81</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 9. <b>Johnson Brothers Omaha Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$12,813.55</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 0. <b>Johnson Brothers St Paul Fn</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$70,732.79</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 1. <b>Joshua Keen</b> <b>3876 Melby Ave</b> <b>Saint Michael, MN 55376</b>	<b>Various</b>	<b>\$15,408.78</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Employee reimbursement</b></u>
3.13 2. <b>Kansas City Board</b> <b>Of Public Utilities</b> <b>PO Box 219661</b> <b>Kansas City, MO 64121-9661</b>	<b>10/4/2019,</b> <b>10/25/2019,</b> <b>11/19/2019</b>	<b>\$30,752.12</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 3. <b>Kansas City Power &amp; Light</b> <b>PO Box 219330</b> <b>Kansas City, MO 64121-9330</b>	<b>9/24/2019,</b> <b>9/27/2019,</b> <b>10/25/2019,</b> <b>11/19/2019,</b> <b>12/3/2019</b>	<b>\$36,688.26</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 4. <b>Katten Muchin Rosenman Llp</b> <b>525 W Monroe St</b> <b>Chicago, IL 60661-3693</b>	<b>10/25/2019,</b> <b>10/29/2019</b>	<b>\$84,671.67</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.13 5. <b>Kbs Gk Fund li Lp</b> <b>PO Box 856664</b> <b>Minneapolis, MN 55485-6664</b>	<b>10/25/2019,</b> <b>10/29/2019</b>	<b>\$84,671.67</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Lease payments</u></b>
3.13 6. <b>Kcmo Water Svcs Department</b> <b>PO Box 807045</b> <b>Kansas City, MO 64180-7045</b>	<b>9/20/2019,</b> <b>10/18/2019,</b> <b>11/19/2019</b>	<b>\$15,389.38</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 7. <b>Keller Fire and Safety Inc</b> <b>1138 Kansas Ave</b> <b>Kansas City, KS 66105</b>	<b>10/8/2019,</b> <b>10/11/2019,</b> <b>10/25/2019,</b> <b>10/29/2019</b>	<b>\$8,361.62</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 8. <b>La Grasso Bros</b> <b>5001 Bellevue</b> <b>PO Box 2638</b> <b>Detroit, MI 48202-2638</b>	<b>Various</b>	<b>\$105,555.17</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 9. <b>Lake Forest Bank and Trust Com</b> <b>PO Box 7000</b> <b>Carol Stream, IL 60197-7000</b>	<b>9/24/2019</b>	<b>\$36,300.02</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.14 0. <b>Landscape Garden Cntr</b> <b>7201 S Minnesota Ave</b> <b>Sioux Falls, SD 57108</b>	<b>10/11/2019,</b> <b>11/1/2019,</b> <b>11/12/2019,</b> <b>12/6/2019</b>	<b>\$13,025.44</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.14 1. <b>Lcd Builders LLC</b> <b>3095 Tuscarawas Road</b> <b>Beaver, PA 15009</b>	<b>Various</b>	<b>\$14,650.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.14 2. <b>Leticia Hernandez Sedano</b> <b>3225 Webster St</b> <b>Fort Wayne, IN 46807</b>	<b>9/20/2019,</b> <b>10/8/2019,</b> <b>11/19/2019,</b> <b>12/6/2019</b>	<b>\$8,160.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____



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3.14 3. <b>Liberty Fruit Co Inc</b> <b>1247 Argentine Blvd</b> <b>Kansas City, KS 66105-1508</b>	<b>Various</b>	<b>\$113,296.54</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 4. <b>Lincoln Electric System</b> <b>PO Box 2986</b> <b>Omaha, NE 68103-2966</b>	<b>10/18/2019,</b> <b>11/19/2019</b>	<b>\$8,795.77</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 5. <b>Lipman Brothers Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	<b>Various</b>	<b>\$15,671.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 6. <b>Littler Mendelson Pc</b> <b>Attn Treasury</b> <b>2301 Mcgee St, 8th Floor</b> <b>Kansas City, MO 64108-2662</b>	<b>12/16/2019</b>	<b>\$12,500.15</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 7. <b>Lockton Companies LLC</b> <b>PO Box 802707</b> <b>Kansas City, MO 64180-2707</b>	<b>Various</b>	<b>\$863,311.66</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance</b></u>
3.14 8. <b>Lodging Source</b> <b>PO Box 744</b> <b>Mount Pleasant, SC 29465</b>	<b>Various</b>	<b>\$91,787.71</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 9. <b>Loomis Armored Us Inc</b> <b>Dept Ch 10500</b> <b>Palatine, IL 60055-0500</b>	<b>Various</b>	<b>\$7,029.18</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 0. <b>Loves Travel Stops and Country</b> <b>10601 North Pennsylvania</b> <b>Oklahoma City, OK 73120</b>	<b>9/24/2019,</b> <b>10/22/2019,</b> <b>11/19/2019</b>	<b>\$14,474.65</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.15 1. <b>Major Brands Creve Coeur</b> <b>PO Box 840141</b> <b>Kansas City, MO 64184-0141</b>	<b>Various</b>	<b>\$7,468.61</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 2. <b>Major Brands Kansas City</b> <b>PO Box 804464</b> <b>Kansas City, MO 64180</b>	<b>Varous</b>	<b>\$7,928.97</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 3. <b>Mark Hannen</b> <b>3559 Mulligan Dr</b> <b>Woodridge, IL 60517</b>	<b>Various</b>	<b>\$22,004.71</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Employee reimbursement</b></u>
3.15 4. <b>Merrill Communications LLC</b> <b>One Merrill Circle</b> <b>Saint Paul, MN 55170</b>	<b>10/4/2019,</b> <b>10/8/2019,</b> <b>10/29/2019,</b> <b>11/26/2019</b>	<b>\$35,742.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 5. <b>Metropolitan Life Insurance Co</b> <b>Dept Ch 10579</b> <b>Palatine, IL 60055-0579</b>	<b>10/15/2019,</b> <b>11/22/2019</b>	<b>\$54,998.92</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance</b></u>
3.15 6. <b>Michael Quagliano</b> <b>4701 1st Ave Se #11</b> <b>Cedar Rapids, IA 52402</b>	<b>12/13/2019</b>	<b>\$97,192.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.15 7. <b>Michigan State Disbursement</b> <b>PO Box 30350</b> <b>Lansing, MI 48909</b>	<b>Various</b>	<b>\$8,360.53</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 8. <b>Midamerican Energy</b> <b>PO Box 8020</b> <b>Davenport, IA 52808-8020</b>	<b>Various</b>	<b>\$35,842.12</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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3.15 9. <b>Middle Tennessee Electric</b> <b>PO Box 681709</b> <b>Franklin, TN 37068-1709</b>	<b>10/4/2019,</b> <b>10/25/2019,</b> <b>12/3/2019</b>	<b>\$23,369.55</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 0. <b>Millar Mechanical</b> <b>46707 282nd Street</b> <b>Lennox, SD 57039</b>	<b>Various</b>	<b>\$8,468.06</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 1. <b>Minnehaha County Treasurer</b> <b>415 N DAKOTA AVE</b> <b>Sioux Falls, SD 57104</b>	<b>11/11/2019</b>	<b>\$24,708.10</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 2. <b>Mishawaka Utilities</b> <b>126 North Church Street</b> <b>PO Box 363</b> <b>Mishawaka, IN 46546-0363</b>	<b>9/24/2019,</b> <b>10/8/2019,</b> <b>11/5/2019</b>	<b>\$19,033.29</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 3. <b>MLCC</b> <b>7150 Harris Drive</b> <b>PO Box 30005</b> <b>Lansing, MI 48909-7505</b>	<b>9/24/2019,</b> <b>10/22/2019,</b> <b>11/19/2019</b>	<b>\$42,752.63</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 4. <b>Mn Child Support Payment</b> <b>PO Box 64306</b> <b>Saint Paul, MN 55164</b>	<b>Various</b>	<b>\$7,273.69</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Garnishment</b></u>
3.16 5. <b>MOAC Mall Holdings LLC</b> <b>60 East Broadway</b> <b>Minneapolis, MN 55425</b>	<b>10/8/2019,</b> <b>11/8/2019,</b> <b>11/25/2019</b>	<b>\$186,312.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.16 6. <b>Mobo Systems Inc</b> <b>285 Fulton Street</b> <b>FL 82</b> <b>New York, NY 10007</b>	<b>10/25/2019,</b> <b>11/1/2019,</b> <b>12/3/2019</b>	<b>\$9,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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3.16 7. <b>Naperville Hotel Ptnrs LLC</b> <b>130 E Randolph Ste 2100</b> <b>Chicago, IL 60601</b>	<b>9/24/2019</b>	<b>\$7,186.30</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 8. <b>National Car Rental</b> <b>PO Box 402383</b> <b>Atlanta, GA 30384-2383</b>	<b>Various</b>	<b>\$35,119.83</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 9. <b>Ncr Corp</b> <b>PO Box 198755</b> <b>Atlanta, GA 30384-8755</b>	<b>10/22/2019,</b> <b>11/12/2019</b>	<b>\$39,921.17</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 0. <b>Nhp Retail</b> <b>PO Box 75740</b> <b>Baltimore, MD 21275-5740</b>	<b>9/20/2019,</b> <b>10/16/2019,</b> <b>10/25/2019,</b> <b>12/2/2019,</b> <b>12/10/2019</b>	<b>\$241,604.82</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.17 1. <b>Nh-R Retail LLC</b> <b>PO Box 603719</b> <b>Charlotte, NC 28260-3719</b>	<b>9/24/2019,</b> <b>10/25/2019,</b> <b>12/3/2019</b>	<b>\$21,038.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.17 2. <b>Nicor Gas</b> <b>PO Box 5407</b> <b>Carol Stream, IL 60197-5407</b>	<b>Various</b>	<b>\$13,766.39</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 3. <b>Nipsco Fw</b> <b>PO Box 13007</b> <b>Merrillville, IN 46411-3007</b>	<b>9/20/2019,</b> <b>9/24/2019,</b> <b>10/18/2019,</b> <b>11/15/2019,</b> <b>11/26/2019</b>	<b>\$7,478.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 4. <b>Ohio Services Cle LLC</b> <b>9075 Town Centre Dr Ste 200</b> <b>Broadview Heights, OH 44147</b>	<b>10/4/2019,</b> <b>10/8/2019,</b> <b>11/1/2019,</b> <b>12/3/2019</b>	<b>\$15,466.36</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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3.17 5. <b>Oppd Omaha</b> <b>PO Box 3995</b> <b>Omaha, NE 68103-0995</b>	<b>9/27/2019,</b> <b>10/18/219,</b> <b>11/19/2019</b>	<b>\$17,453.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 6. <b>Optiv Security Inc</b> <b>PO Box 28216 Network Place</b> <b>Chicago, IL 60673-1282</b>	<b>9/27/2019</b>	<b>\$24,589.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 7. <b>Oracle America Inc</b> <b>15612 Collections Center Drive</b> <b>Chicago, IL 60693</b>	<b>10/11/2019</b>	<b>\$9,688.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 8. <b>Outfront Media Inc</b> <b>PO Box 33074</b> <b>Newark, NJ 07188</b>	<b>10/25/2019,</b> <b>12/3/2019</b>	<b>\$7,384.62</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 9. <b>Owens Technology Companies Inc</b> <b>930 E 80th St</b> <b>Minneapolis, MN 55420</b>	<b>Various</b>	<b>\$13,388.25</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 0. <b>Paragon Foods</b> <b>PO Box 645423</b> <b>Pittsburgh, PA 15264-5423</b>	<b>Various</b>	<b>\$28,395.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 1. <b>Patricia Dalton</b> <b>747 John Daly</b> <b>Inkster, MI 48141</b>	<b>10/4/2019,</b> <b>11/5/2019,</b> <b>12/6/2019</b>	<b>\$12,400.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 2. <b>Pepco</b> <b>PO Box 13608</b> <b>Philadelphia, PA 19101-3608</b>	<b>10/11/2019,</b> <b>11/5/2019,</b> <b>12/10/2019</b>	<b>\$18,938.17</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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3.18 3. <b>Pepsi Cola Inc</b> <b>PO Box 75948</b> <b>Chicago, IL 60675</b>	Various	<b>\$9,818.29</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 4. <b>Phillips Wine&amp; Spirits Fintech</b> <b>3109 W. Dr. MLK Jr. Blvd.</b> <b>Tampa, FL 33607</b>	Various	<b>\$10,822.27</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 5. <b>Piazza Produce</b> <b>PO Box 68931</b> <b>Indianapolis, IN 46268-0931</b>	Various	<b>\$47,035.92</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 6. <b>Playerlync LLC</b> <b>5690 Dtc Blvd Ste 450e</b> <b>Greenwood Village, CO 80111</b>	10/22/2019, 12/10/2019	<b>\$18,920.92</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 7. <b>PPF RTL ROSEDALE SHOPPING CENT</b> <b>29974 Network Place</b> <b>Chicago, IL 60673</b>	9/24/2019, 10/28/2019, 11/19/2019	<b>\$144,676.95</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>
3.18 8. <b>Precision Cleaning LLC</b> <b>PO Box 1131</b> <b>Fargo, ND 58107</b>	10/1/2019, 11/8/2019, 12/6/2019	<b>\$8,250.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 9. <b>Ralph Decker</b> <b>98 Ventura Ct</b> <b>Naperville, IL 60540</b>	9/27/2019, 10/25/2019, 11/26/2019	<b>\$15,040.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.19 0. <b>Reis Northville LLC</b> <b>17800 Laurel Park Dr North</b> <b>Suite 200C</b> <b>Livonia, MI 48152</b>	10/8/2019, 10/11/2019	<b>\$19,114.63</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Lease payments</b></u>

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3.19 1. Republic National 4101 North Potsdam Ave Sioux Falls, SD 57104	Various	\$40,895.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 2. Republic National NE Fintech 3109 W Dr MLK Jr. Blvd Suite 2 Tampa, FL 33607	Various	\$10,628.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 3. Restaurant Technologies Inc 2250 Pilot Knob Rd Saint Paul, MN 55120	Various	\$105,676.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 4. Revenue Management Solutions 777 S Harbour Island Blvd Suite 890 Tampa, FL 33602	9/24/2019, 10/25/2019, 11/12/2019	\$31,250.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 5. Richard H Lynch 2730 W Lake St #610 Minneapolis, MN 55416	Various	\$8,386.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee reimbursement</u>
3.19 6. Routine Clean LLC Pmb 152 2884 Devils Glen Rd Bettendorf, IA 52722	9/20/2019, 10/11/2019, 10/25/2019, 11/1/2019, 11/15/2019, 12/3/2019	\$7,629.37	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 7. Ruth Elizabeth Moreno De Ochoa 12211 Brandywine Rd Brandywine, MD 20613	11/1/2019, 11/26/2019	\$9,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 8. Secured Retail Networks Inc 26000 Towne Centre Dr Ste 100 Foothill Ranch, CA 92610	Various	\$16,650.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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3.19 9. Southern Glazers Of Missouri 1 Glazer Way Saint Charles, MO 63301-4367	Various	\$27,985.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 0. Southern Wine and Spirit MN FN 3109 W Dr MLK Jr. Blvd Suite 2 Tampa, FL 33607	Various	\$32,278.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 1. Southern Wine and Spirits IL F 3109 W. Dr. MLK Jr. Blvd. Tampa, FL 33607	Various	\$58,723.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 2. Southern Wine and Spirits IN FL 3109 W. Dr. MLK Jr. Blvd. Suite 200 Tampa, FL 33607	Various	\$44,645.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 3. Southern Wine and Spirits 3109 W Dr MLK Jr. Blvd Suite 200 Tampa, FL 33607	Various	\$13,828.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 4. Southern Wine and Spirit FL FN 3109 W Dr MLK Jr. Blvd Suite 200 Tampa, FL 33607	Various	\$47,834.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 5. Spire Missouri Inc Drawer 2 Saint Louis, MO 63171	9/24/2019, 10/25/2019, 11/22/2019	\$12,171.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 6. Star West JV LLC PO Box 912661 Denver, CO 80291	11/15/2019	\$68,004.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>



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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.20 7. <b>Sterling Card Solutions Holdings LLC</b> <b>2026 JOHNSON INDUSTRIAL BLVD</b> <b>Nolensville, TN 37135</b>	<b>10/25/2019,</b> <b>11/1/2019,</b> <b>12/3/2019</b>	<b>\$66,766.33</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 8. <b>Summit Energy Svcs Inc.</b> <b>25716 Network Place</b> <b>Chicago, IL 60673-1257</b>	<b>Various</b>	<b>\$6,831.77</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 9. <b>Sysco Illinois</b> <b>PO Box 620</b> <b>Lincoln, IL 62656</b>	<b>Various</b>	<b>\$99,928.45</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 0. <b>Sysco Chicago</b> <b>PO Box 5037</b> <b>Des Plaines, IL 60017-5037</b>	<b>Various</b>	<b>\$533,349.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 1. <b>Sysco Cleveland</b> <b>PO Box 94570</b> <b>Cleveland, OH 44101</b>	<b>Various</b>	<b>\$91,001.64</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 2. <b>Sysco Detroit</b> <b>PO Box 33580</b> <b>Detroit, MI 48232-5580</b>	<b>Various</b>	<b>\$674,046.02</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 3. <b>Sysco Eastern Maryland</b> <b>PO Box 477</b> <b>Pocomoke City, MD 21851-0477</b>	<b>Various</b>	<b>\$430,628.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 4. <b>Sysco Indianapolis</b> <b>PO Box 7137</b> <b>Indianapolis, IN 46206-7137</b>	<b>Various</b>	<b>\$290,954.88</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.21 5. <b>Sysco Iowa</b> <b>PO Box 874</b> <b>Des Moines, IA 50304-0874</b>	<b>Various</b>	<b>\$431,687.83</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 6. <b>Sysco Kansas City</b> <b>PO Box 40</b> <b>Olathe, KS 66051-0040</b>	<b>Various</b>	<b>\$386,310.51</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 7. <b>Sysco Lincoln</b> <b>P.O. Box 80068</b> <b>Lincoln, NE 68501-0068</b>	<b>Various</b>	<b>\$422,985.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 8. <b>Sysco Minnesota</b> <b>P.O. Box 49730</b> <b>Minneapolis, MN 55449-0730</b>	<b>Various</b>	<b>\$894,477.75</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 9. <b>Sysco Nashville</b> <b>PO Box 305138</b> <b>Nashville, TN 37230</b>	<b>Various</b>	<b>\$203,134.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 0. <b>Sysco North Dakota</b> <b>PO Box 10128</b> <b>Fargo, ND 58106-0128</b>	<b>Various</b>	<b>\$173,398.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 1. <b>Sysco Pittsburgh</b> <b>PO Box 1000</b> <b>Harmony, PA 16037-1000</b>	<b>Various</b>	<b>\$134,348.45</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 2. <b>Sysco South Florida</b> <b>12500 Sysco Way</b> <b>Miami, FL 33178</b>	<b>Various</b>	<b>\$93,535.53</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.22 3. <b>Sysco St Louis</b> <b>3850 Mueller Road</b> <b>Saint Charles, MO 63301-8047</b>	<b>Various</b>	<b>\$166,129.66</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 4. <b>T &amp; T Produce</b> <b>PO Box 5756</b> <b>Fort Oglethorpe, GA 30742</b>	<b>Various</b>	<b>\$42,737.69</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 5. <b>Talx Ucm Serices Inc</b> <b>4076 Paysphere Circle</b> <b>Chicago, IL 60674-4076</b>	<b>10/11/2019,</b> <b>10/15/2019,</b> <b>10/18/2019</b>	<b>\$9,229.83</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 6. <b>Tech Masters Inc</b> <b>2024 Sw 6th St</b> <b>Lincoln, NE 68522</b>	<b>9/20/2019,</b> <b>10/15/2019,</b> <b>10/25/2019,</b> <b>10/29/2019,</b> <b>11/5/2019,</b> <b>11/8/2019,</b> <b>11/12/2019,</b> <b>11/22/2019,</b> <b>12/6/2019,</b> <b>12/11/2019</b>	<b>\$12,515.33</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 7. <b>The First Impression Group</b> <b>2700 Blue Water Road</b> <b>Suite 450</b> <b>Saint Paul, MN 55121-1429</b>	<b>9/20/2019,</b> <b>9/27/2019</b>	<b>\$24,230.89</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 8. <b>The Illuminating Co</b> <b>PO Box 3638</b> <b>Akron, OH 44309-3638</b>	<b>10/11/2019,</b> <b>11/5/2019,</b> <b>12/3/2019</b>	<b>\$15,099.83</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 9. <b>The Shoppes At Arbor Lakes</b> <b>PO Box 22072 Network Place</b> <b>Chicago, IL 60673-1231</b>	<b>11/8/2019</b>	<b>\$7,201.53</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.23 0. <b>Todd Or Lori Hanson C/O Farmers Credit Serv Of Am 322 1st Avenue East Mobridge, SD 57601</b>	<b>11/7/2019, 11/11/2019</b>	<b>\$97,132.15</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Lease payments</u></b>
3.23 1. <b>Toledo Edison Maumee PO Box 3638 Akron, OH 44309-3638</b>	<b>9/27/2019, 10/25/2019, 11/19/2019</b>	<b>\$16,314.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.23 2. <b>Top Shot Ckr Inc 1714 Ohio Pkwy Rockford, IL 61108</b>	<b>Various</b>	<b>\$7,312.54</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.23 3. <b>Ttb Excise Tax 701 Xenia Ave S Ste 120 Minneapolis, MN 55416</b>	<b>Various</b>	<b>\$28,775.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.23 4. <b>Unum Life Insurance Company Of America Inc 1 Fountain Square Chattanooga, TN 37402-1330</b>	<b>11/5/2019, 11/27/2019</b>	<b>\$12,114.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Insurance</u></b>
3.23 5. <b>Uptown Bake and Brew LLC 5335 Kilmer Place Hyattsville, MD 20781</b>	<b>Various</b>	<b>\$9,846.30</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.23 6. <b>Us Dept Of Education Awg PO Box 790356 Saint Louis, MO 63179-0356</b>	<b>Various</b>	<b>\$13,756.92</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Garnishment</u></b>
3.23 7. <b>Verizon Wireless PO Box 15124 Albany, NY 12212-5124</b>	<b>Various</b>	<b>\$12,234.09</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

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3.23 8. Versique Inc 6465 Wayzata Blvd Suite 800 Minneapolis, MN 55426	10/25/2019, 11/8/2019, 11/22/2019, 12/3/2019, 12/6/2019	\$16,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 9. Village Of Schaumburg 201 Schaumburg Court Schaumburg, IL 60193	9/18/2019, 10/15/2019, 10/18/2019, 11/15/2019, 11/19/2019, 12/6/2019	\$27,093.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.24 0. Weingarten Realty Investors PO Box 301074 Dallas, TX 75303	9/26/2019, 10/15/2019, 10/18/2019	\$84,903.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease payments</u>
3.24 1. WEST ACRES DEVELOPMENT LLP 3902 13th Avenue South #3717 Fargo, ND 58103	10/25/2019	\$24,167.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Leases</u>
3.24 2. Windstream PO Box 9001908 Louisville, KY 40290-1908	Various	\$39,936.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.24 3. Wrighthennepin Electric PO Box 77027 Minneapolis, MN 55480-7727	9/20/2019, 10/22/2019, 11/19/2019	\$17,761.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.24 4. Xcel Energy PO Box 9477 Minneapolis, MN 55484-9477	Various	\$63,297.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.24 5. Fifth Third Bank 38 Fountain Square Cincinnati, OH 45202	Various	\$560,714.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Merchant credit card fees</u>

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.24 6. <b>Ohio Department of Taxation Attn: Business Compliance Division P.O. Box 1090 Columbus, OH 43216-1090</b>	<b>9/25/2019, 10/25/2019, 11/14/2019, 11/27/2019</b>	<b>\$84,180.47</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.24 7. <b>Allegheny County 542 Forbes Avenue Pittsburgh, PA 15219</b>	<b>9/19/2019, 10/21/2019, 11/19/2019</b>	<b>\$19,504.28</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.24 8. <b>City Of Kansas City Missouri 414 E 12th Street 1st Floor Kansas City, MO 64106</b>	<b>9/23/2019, 10/22/2019, 11/21/2019</b>	<b>\$13,341.56</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.24 9. <b>City Of Lincoln 555 S 10th St Room 203 Lincoln, NE 68508-3959</b>	<b>9/27/2019, 10/29/2019, 11/27/2019</b>	<b>\$15,530.84</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.25 0. <b>City Of Omaha Rm H10 1819 Farnam St Omaha, NE 68183</b>	<b>10/1/2019, 11/1/2019, 12/3/2019</b>	<b>\$12,967.46</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.25 1. <b>Commonwealth Of Pennsylvania PO Box 783473 Philadelphia, PA 19179-3473</b>	<b>9/20/19, 10/21/2019, 11/20/2019</b>	<b>\$40,172.12</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.25 2. <b>Comptroller Of Maryland Revenue Administration Div PO Box 2999 Annapolis, MD 21404-2999</b>	<b>9/23/2019, 10/22/2019, 11/20/2019</b>	<b>\$195,880.38</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.25 3. <b>Florida Dept Of Financial Svcs PO Box 6350 Tallahassee, FL 32314-6350</b>	<b>9/20/2019, 10/21/2019, 11/20/2019</b>	<b>\$44,388.98</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 4. <b>Great Western Bank</b> <b>225 South Main Avenue</b> <b>Sioux Falls, SD 57104</b>	<b>9/24/2019,</b> <b>10/7/2019,</b> <b>10/21/2019,</b> <b>11/7/2019,</b> <b>11/18/2019,</b> <b>12/2/2019,</b> <b>12/16/2019</b>	<b>\$120,071.54</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Deferred Compensation</b></u>
3.25 5. <b>Iowa Department Of Revenue</b> <b>Cadministrative Wage Levy</b> <b>PO Box 10330</b> <b>Des Moines, IA 50306</b>	<b>9/26/2019,</b> <b>10/28/2019,</b> <b>11/1/2019,</b> <b>11/12/2019,</b> <b>11/26/2019,</b> <b>12/4/2019,</b> <b>12/11/2019</b>	<b>\$164,594.39</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.25 6. <b>Illinois Department of Revenue</b> <b>RETAILERS OCCUPATION TAX</b> <b>PO BOX 19035</b> <b>Springfield, IL 62794-9035</b>	<b>Various</b>	<b>\$370,123.68</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.25 7. <b>Kansas Department of Revenue</b> <b>915 SW Harrison Street</b> <b>Topeka, KS 66625</b>	<b>Various</b>	<b>\$136,483.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.25 8. <b>Linn Cnty</b> <b>501 13th St Nw</b> <b>Cedar Rapids, IA 52405-3700</b>	<b>12/16/2019</b>	<b>\$63,777.30</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.25 9. <b>Minnesota Revenue</b> <b>PO Box 64649</b> <b>Saint Paul, MN 55164-0649</b>	<b>9/20/2019,</b> <b>10/18/2019,</b> <b>10/21/2019,</b> <b>11/20/2019</b>	<b>\$417,242.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.26 0. <b>Northville Township Tax</b> <b>215 W MAIN STREET</b> <b>Northville, MI 48167</b>	<b>9/25/2019</b>	<b>\$12,586.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>
3.26 1. <b>Nebraska Department Of Revenue</b> <b>PO Box 94818</b> <b>Lincoln, NE 68509-4818</b>	<b>9/23/2019,</b> <b>10/22/2019,</b> <b>11/22/2019</b>	<b>\$95,566.90</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Taxes</b></u>

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3.26 2. <b>South Dakota Department of Revenue</b> <b>P.O. Box 5055</b> <b>Sioux Falls, SD 57177-5055</b>	<b>9/23/2019,</b> <b>9/25/2019,</b> <b>10/25/2019,</b> <b>11/20/2019,</b> <b>11/25/2019</b>	<b>\$72,980.60</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 3. <b>Tn Department Of Revenue</b> <b>PO Box 190665</b> <b>Nashville, TN 37219-0665</b>	<b>Various</b>	<b>\$141,470.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 4. <b>Unified Government Treasury</b> <b>4953 State Ave</b> <b>Kansas City, KS 66102</b>	<b>12/9/2019</b>	<b>\$61,745.84</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 5. <b>ExpertPay</b> <b>470 Olde Worthington Road</b> <b>Suite 200</b> <b>Westerville, OH 43082-9127</b>	<b>9/19/2019,</b> <b>10/3/2019,</b> <b>10/17/2019,</b> <b>10/31/2019,</b> <b>11/14/2019,</b> <b>11/29/2019,</b> <b>12/12/2019</b>	<b>\$49,261.44</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Garnishments</u></b>
3.26 6. <b>CSI Modr Tax</b> <b>Missouri Department of Revenue</b> <b>P.o. Box 840</b> <b>Jefferson City, MO 65105-0840</b>	<b>Various</b>	<b>\$144,296.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 7. <b>Indiana Food and Beverage Tax</b> <b>Attn: Sales Tax</b> <b>P.O. Box 7229</b> <b>Indianapolis, IN 46207-7229</b>	<b>9/30/2019,</b> <b>10/30/2019,</b> <b>12/2/2019</b>	<b>\$18,741.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 8. <b>Indiana Department Of Revenue</b> <b>PO Box 7218</b> <b>Indianapolis, IN 46206-7229</b>	<b>9/20/2019,</b> <b>10/21/2019,</b> <b>11/20/2019</b>	<b>\$121,838.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>
3.26 9. <b>Michigan Treasury Online</b> <b>No address</b>	<b>9/20/2019,</b> <b>10/18/2019,</b> <b>10/21/2019,</b> <b>11/20/2019</b>	<b>\$234,510.84</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Taxes</u></b>



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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.27 0. <b>North Dakota Tax Office of State Tax Commissioner 600 East Boulevard Avenue Dept. 127 Bismarck, ND 58505-0599</b>	<b>10/10/2019, 10/16/2019, 10/23/2019, 11/1/2019, 11/13/2019, 12/3/2019, 12/10/2019</b>	<b>\$69,723.19</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>LYNCH, RICHARD H. 2730 W LAKE ST Unit 610 Minneapolis, MN 55419 Chief Executive Officer and Director</b>	<b>2/13/19, 2/19/19, 2/22/19, 2/25/19, 2/27/19, 3/6/19, 3/11/19, 3/13/19, 3/18/19, 3/21/19, 3/25/19, 3/26/19, 3/27/19, 4/3/19, 4/10/19, 4/17/19, 4/24/19, 5/13/19, 5/21/19, 5/28/19, 6/3/19, 6/7/19, 6/14/19, 6/25/19, 6/28/19, 7/12/19, 7/24/19, 7/29/19, 8/9/19, 8/27/19, 9/18/19</b>	<b>\$2,996,521.76</b>	<b>Expense reimbursements</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Johnson, Chris	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Flores, Leah	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. Smith, Taylor M.	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. Skaja, Alyssa M.	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5. Chapel, Richard L.	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6. Miller, Timothy G.	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7. Marana, Jennifer Lee J	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8. Fuentes, Maria	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9. Ferguson, Samuel	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10 Hybertson, Sandra	workers compensation		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.11	<b>Koball, Jamie</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	<b>Alcantara-Ruiz, Janet</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	<b>Newtoff, Austin</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14	<b>Zappa, Anna</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.15	<b>Ferrell, Laurie</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16	<b>Ferguson, Dwayne</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17	<b>Guifarro, Erick</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18	<b>Navarro, Alejandrina</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19	<b>Bentiez, Walter</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.20	<b>Ortega, Madelyn</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.21	<b>Tharps, Channel</b> .	<b>workers compensation</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.22	<b>Hofbeck, Jaccii</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.23	<b>Stryker, Kristen</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.24	<b>Bryant, Lindsey</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.25	<b>Starnes, Margaret</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.26	<b>Hopkins, Molly</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.27	<b>Hopkins, Nancy</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.28	<b>Swain, Cathy</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.29	<b>Streetman, Dagmar D.</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.30	<b>Senthilvanan, Anusha</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.31	<b>Horral, Deborah</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.32	<b>Demudd, Regina</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.33	<b>Peppers, Marilyn</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.34	<b>Wheeler, De-Ja</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.35	<b>Lamacki, Diane</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.36	<b>Rudnik, Lorraine</b> .	<b>Personal Injury</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.37	<b>Circle Centre Mall LLC v. Granite City Food &amp; Brewery Ltd. 49/d01-19009-CC-036654</b>	<b>Civil</b>	<b>Marion County Superior Court 200 East Washington Street Indianapolis, IN 46204</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.38	<b>Todd Hanson and Lori Hanson v. Granite City Food &amp; Brewery Ltd. 27-CV-19-18179</b>	<b>Civil</b>	<b>Hennepin County District Court 300 South Sixth Street Minneapolis, MN 55487</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Luv of Dog Rescue PO BOX 9283 Fargo, ND 58106</b>	<b>Monetary</b>	<b>10/13/2018, 10/18/19, 7/17/2019, 2/13/2018</b>	<b>\$1,870.21</b>
	<b>Recipients relationship to debtor</b>			
9.2.	<b>American Cancer Society, Inc. 250 Williams Street NW Atlanta, GA 30303</b>	<b>Monetary</b>	<b>5/17/18, 5/23/18, 5/26/18, 5/23/18, 1/22/19, 5/17/19, 6/3/19, 7/8/19, 8/2/19, 10/1/19, 10/22/19, 10/26/19</b>	<b>\$2,591.29</b>
	<b>Recipients relationship to debtor</b>			
9.3.	<b>American Foundation for Suicide Preventi 120 WALL ST FL 29 New York, NY 10005</b>	<b>Monetary</b>	<b>9/30/2018</b>	<b>\$1,260.97</b>
	<b>Recipients relationship to debtor</b>			

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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.4.	<b>Angels Place 29299 FRANKLIN RD STE 2 Southfield, MI 48034</b>	<b>Monetary</b>	<b>3/29/19, 4/7/2018</b>	<b>\$1,018.93</b>
	Recipients relationship to debtor			
9.5.	<b>Board of Education Wayne Co Northville 405 West Main Street Northville, MI 48167</b>	<b>Monetary</b>	<b>3/25/2019, 5/1/2018, 11/14/2018, 8/20/19, 12/3/19</b>	<b>\$1,792.73</b>
	Recipients relationship to debtor			
9.6.	<b>Board of Education - Macomb County 31300 ANITA DRIVE Warren, MI 48093</b>	<b>Monetary</b>	<b>3/11/2019, 6/18/2019, 9/11/19</b>	<b>\$1,785.46</b>
	Recipients relationship to debtor			
9.7.	<b>Charles County Humane Society 71 INDUSTRIAL PARK DR Waldorf, MD 20602</b>	<b>Monetary</b>	<b>4/24/2019, 10/13/2018, 10/11/2018</b>	<b>\$1,774.71</b>
	Recipients relationship to debtor			
9.8.	<b>Childhood Leukemia Warriors Foundation 427 GATESHEAD DR Naperville, IL 60565</b>	<b>Monetary</b>	<b>7/9/19, 4/28/19</b>	<b>\$1,037.65</b>
	Recipients relationship to debtor			
9.9.	<b>City of Roseville 2660 CIVIC CENTER DRIVE Saint Paul, MN 55113</b>	<b>Monetary</b>	<b>4/9/18, 7/18/18</b>	<b>\$1,254.12</b>
	Recipients relationship to debtor			
9.10	<b>COE College 1220 FIRST AVENUE NE Cedar Rapids, IA 52402</b>	<b>Monetary</b>	<b>3/13/19</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor			

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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.11	<b>Consolidated High School Dist #230 13300 S LAGRANGE ROAD Orland Park, IL 60462</b>	<b>Monetary</b>	<b>8/27/2018</b>	<b>\$2,936.58</b>
	Recipients relationship to debtor			
9.12	<b>Easter Seals Northern Ohio 2173 N RIDGE ROAD Lorain, OH 44055</b>	<b>Monetary</b>	<b>12/17/17</b>	<b>\$1,500.00</b>
	Recipients relationship to debtor			
9.13	<b>Fremont Area United Way 445 E 1ST STREET Fremont, NE 68025</b>	<b>Monetary</b>	<b>4/10/19</b>	<b>\$1,063.67</b>
	Recipients relationship to debtor			
9.14	<b>Gleaners Community Food Bank of Southeas 2131 BEAUFALT ST Detroit, MI 48207</b>	<b>Monetary</b>	<b>12/19/17</b>	<b>\$1,378.00</b>
	Recipients relationship to debtor			
9.15	<b>Greater Chicago Food Depository Inc. 4100 W ANN LURIE PLACE Chicago, IL 60632</b>	<b>Monetary</b>	<b>12/19/17</b>	<b>\$1,689.00</b>
	Recipients relationship to debtor			
9.16	<b>Habitat for Humanity 270 Peachtree Street NW Suite 1300 Atlanta, GA 30303</b>	<b>Monetary</b>	<b>2/27/19, 6/25/19, 8/4/19, 8/3/18, 11/7/18, 5/9/18, 11/6/17, 5/4/19, 5/4/19, 3/19/18, 11/6/17</b>	<b>\$2,218.05</b>
	Recipients relationship to debtor			
9.17	<b>Harvesters the Community Food Network 3801 TOPPING AVENUE Kansas City, MO 64129</b>	<b>Monetary</b>	<b>12/19/17</b>	<b>\$1,233.00</b>
	Recipients relationship to debtor			

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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.18	International Association of Firefighter 1750 New York Avenue NW Suite 300 Washington, DC 20006-5395	Monetary	11/15/18, 4/24/18	\$3,623.00
	Recipients relationship to debtor			
9.19	JDRF Intl 26 BROADWAY 14TH FLOOR New York, NY 10004	Monetary	2/28/18, 2/28/19, 10/18/17	\$2,403.00
	Recipients relationship to debtor			
9.20	John Deere Classic 3100 Heather Knoll Silvis, IL 61282	Monetary	7/24/18, 7/23/19	\$1,253.61
	Recipients relationship to debtor			
9.21	Jordann Balaich 3274 W TISCHER RD Duluth, MN 55803	Monetary	6/10/18	\$1,800.00
	Recipients relationship to debtor			
9.22	Last Day Dog Rescue Inc. PO BOX 51935 Livonia, MI 48151	Monetary	11/2/18, 7/21/19	\$1,148.10
	Recipients relationship to debtor			
9.23	Lutheran Military Veterans 3480 STELLHORN ROAD Fort Wayne, IN 46815	Monetary	5/8/18, 5/6/19, 11/18/18, 8/29/18, 10/20/18, 10/30/19	\$1,840.16
	Recipients relationship to debtor			
9.24	Marketplace Selections Inc. 1723 W ALTORFER DR Peoria, IL 61615	Monetary	6/24/19	\$1,455.00
	Recipients relationship to debtor			



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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.25	National Women Veterans 922 7TH ST Rockford, IL 61104	Monetary	2/10/19, 10/21/18, 12/5/19	\$1,306.25
	Recipients relationship to debtor			
9.26	Reagan Delaney Tokes Memorial Foundation 10185 CAMEILLA ST Pompano Beach, FL 33076	Monetary	3/13/18	\$1,584.00
	Recipients relationship to debtor			
9.27	Robinson Township Christian 77 PHILLIPS LANE Mc Kees Rocks, PA 15136	Monetary	4/12/18, 12/6/18	\$1,350.00
	Recipients relationship to debtor			
9.28	Second Harvest Heartland 1140 GERVAIS AVE Saint Paul, MN 55109	Monetary	12/19/17, 12/6/19	\$2,607.00
	Recipients relationship to debtor			
9.29	Special Olympics Missouri Inc. 305 SPECIAL OLYMPICS DRIVE Jefferson City, MO 65101	Monetary	7/15/19	\$1,600.00
	Recipients relationship to debtor			
9.30	Sydney M. Murphy 2455 N 87TH APT C Lincoln, NE 68507	Monetary	4/10/18, 7/19/19	\$1,362.30
	Recipients relationship to debtor			
9.31	The Gathering Place 23300 COMMERCE PARK Beachwood, OH 44122	Monetary	4/28/18	\$1,450.96
	Recipients relationship to debtor			

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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.32	<b>The Leukemia and Lymphoma Society Inc. 12100 W CENTER ROAD BUILDING 1 SUITE 202 Omaha, NE 68144</b>	<b>Monetary</b>	<b>8/10/19</b>	<b>\$1,640.94</b>
	Recipients relationship to debtor			
9.33	<b>Troy Athens Band Booster 4333 JOHN R ROAD Troy, MI 48085</b>	<b>Monetary</b>	<b>5/11/18, 1/23/19, 10/9/18, 12/16/19</b>	<b>\$1,397.08</b>
	Recipients relationship to debtor			
9.34	<b>Troy School District 4400 LIVERNOIS Troy, MI 48098</b>	<b>Monetary</b>	<b>4/9/18, 2/13/19, 2/16/18, 4/27/18, 10/9/18, 5/23/18, 5/5/19, 2/16/18</b>	<b>\$1,753.31</b>
	Recipients relationship to debtor			
9.35	<b>United Way of Lincoln and Lancaster Coun 238 S 13TH ST Lincoln, NE 68510</b>	<b>Monetary</b>	<b>12/19/17, 11/26/18, 10/3/19</b>	<b>\$1,811.58</b>
	Recipients relationship to debtor			
9.36	<b>World Central Kitchen 1875 CONNECTICUT AVE NW 10th Floor Washington, DC 20009</b>	<b>Monetary</b>	<b>1/26/18</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor			
9.37	<b>Chesapeake Sports and Entertainment Group LLC 1997 Annapolis Exchange Parkway Annapolis, MD 21401</b>		<b>11/20/19, 12/9/19</b>	<b>\$2,313.08</b>
	Recipients relationship to debtor			

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	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.38	<b>Feeding America, Inc. 35 East Wacker Drive Suite 2000 Chicago, IL 60601</b>		<b>11/19/19</b>	<b>\$1,089.79</b>
	Recipients relationship to debtor			
9.39	<b>Landons League Foundation 130 Marble Crossing Drive Wentzville, MO 63385</b>		<b>11/2/19</b>	<b>\$1,124.00</b>
	Recipients relationship to debtor			
9.40	<b>Midwest Institute for Addiction, Inc. 711 Old Ballas Road Suite 203 Saint Louis, MO 63141</b>		<b>9/15/19</b>	<b>\$1,100.00</b>
	Recipients relationship to debtor			
9.41	<b>Sonia De Nicola 2301 Pontside Terrace Silver Spring, MD 20906</b>		<b>10/7/19, 11/15/19</b>	<b>\$1,900.00</b>
	Recipients relationship to debtor			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
<b>AV Equipment damaged due to burst water pipe at Davenport location</b>	<b>37990.24</b>	<b>2/2/2019</b>	<b>Unknown</b>
<b>Emergency sewer &amp; drain repair causing location to close at Davenport location</b>	<b>29,930.93</b>	<b>3/1/2019</b>	<b>Unknown</b>
<b>Main breaker panel failure causing location to close at National Harbor location</b>	<b>33809.71</b>	<b>5/19/19</b>	<b>Unknown</b>
<b>Credit card breach</b>	<b>Pending</b>	<b>6/4/2019</b>	<b>Unknown</b>

**Part 6: Certain Payments or Transfers**

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Briggs and Morgan, P.A.</b> 2200 IDS Center 80 South Eighth Street Minneapolis, MN 55402		Various	\$953,530.95
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	<b>Duff and Phelps Holdings Inc</b> 55 E 52nd St 31st Fl New York, NY 10055			\$691,957.00
	Email or website address			
	Who made the payment, if not debtor?			
11.3.	<b>Hilco Real Estate LLC</b> 5 Revere Dr Ste 320 Northbrook, IL 60062			\$75,000.00
	Email or website address			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. <b>701 Xenia Avenue Suite 120 Minneapolis, MN 55416</b>	<b>1/1/2012- 5/31/2016</b>

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Name, email address, birthdate**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Granite City Food & Brewery 401k Plan**

Employer identification number of the plan

EIN: **41-1883636**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Extra Space Storage 497 Liberty Pike Franklin, TN 37064	Jared D. Harris 1864 West McEwen Drive Franklin, TN 37067	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Master Craft Outdoors Inc 9450 Nason Court Ne Elk River, MN 55330	Peter E. VonBank 11909 Main Street Maple Grove, MN 55369	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Ace Mini Storage 5525 Highway 169 North Minneapolis, MN 55442	Peter E. VonBank 11909 Main Street Maple Grove, MN 55369	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
SS New Brighton, LLC d/b/a Simply Self Storage Saint Paul, MN 55112	Christopher J. Erickson 1595 Highway 36 West Roseville, MN 55113	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
New TKG-KC, LLC d/b/a StorageMart 1653 7401 State Avenue Kansas City, KS 66112	Andrea Lackner 1701 Village West Parkway Kansas City, KS 66111	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Infinite Self Storagenora 8802 Evergreen Ave Indianapolis, IN 46240	Mark Hannen 801 Plaza Drive Schaumburg, IL 60173	Records and patio furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Nuco2 Inc PO Box 417902 Boston, MA 02241-7902		See attached Exhibit A for description and location	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Farmer Bros. Co. 1912 Farmer Brothers Drive Roanoke, TX 76262		See attached Exhibit A for description and location of property	\$42,241.01
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Foodservice PO Box 602937 Charlotte, NC 28250		See attached Exhibit A for description and location of property	\$198,504.30
Owner's name and address	Location of the property	Describe the property	Value
Ecolab Food Safety Specialties 24198 Network Place Chicago, IL 60673-1241		See attached Exhibit A for description and location of property	\$11,563.45
Owner's name and address	Location of the property	Describe the property	Value
Restaurant Technologies Inc 2250 Pilot Knob Rd Saint Paul, MN 55120		See attached Exhibit A for description and location of property	\$260,000.00

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

- |       |   |                              |  |
|-------|---|------------------------------|--|
| 25.1. | <b>Granite City Restaurant Operations, Inc.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431 | <b>Restaurant Operations</b> | <b>EIN:</b> 26-2456488<br><b>From-To</b> 2008 to present |
| 25.2. | <b>Granite City - Arkansas, Inc.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431            | <b>Restaurant</b>            | <b>EIN:</b> 26-0214068<br><b>From-To</b> 2006 to present |
| 25.3. | <b>Granite City - Creve Coeur, Inc.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431         | <b>Restaurant</b>            | <b>EIN:</b> 26-0234806<br><b>From-To</b> 2007 to present |
| 25.4. | <b>Granite City of Indiana, Inc.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431            | <b>Restaurant</b>            | <b>EIN:</b> 26-0250746<br><b>From-To</b> 2007 to present |
| 25.5. | <b>Granite City of Kansas, Ltd.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431             | <b>Restaurant</b>            | <b>EIN:</b> 02-0742915<br><b>From-To</b> 2005 to present |
| 25.6. | <b>Granite City of Maryland, Inc.</b><br>3600 American Blvd. West<br>Suite 400<br>Minneapolis, MN 55431           | <b>Restaurant</b>            | <b>EIN:</b> 30-0708557<br><b>From-To</b> 2011 to present |
| 25.7. | <b>Granite City of Ohio, Inc.</b><br>3600 American Blvd West<br>Suite 400<br>Minneapolis, MN 55431                | <b>Restaurant</b>            | <b>EIN:</b> 26-0250689<br><b>From-To</b> 2007 to present |



Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.8. Granite City - Orland Park, Inc. 3600 American Blvd. West Suite 400 Minneapolis, MN 55431	Restaurant	<b>Dates business existed</b> EIN: 20-5811031 From-To 2006 to present
25.9. Granite City - Peoria, Inc. 3600 American Blvd. West Suite 400 Minneapolis, MN 55431	Restaurant	EIN: 20-5810887 From-To 2006 to present
25.10 Granite City - Rockford, Inc. 3600 American Blvd. West Suite 400 Minneapolis, MN 55431	Restaurant	EIN: 20-5810961 From-To 2006 to present

## 26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. InfoSync Services, LLC 1938 Woodlawn Suit 100 Wichita, KS 67208	2015-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. Schechter Dokken Kanter 100 Washington Avenue South Suite 1600 Minneapolis, MN 55401-2192	1999 to present
Name and address	Date of service From-To
26b.2. InfoSync Services, LLC 1938 Woodlawn Suite 100 Wichita, KS 67208	2015 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Schechter Dokken Kanter 100 Washington Avenue South Suite 1600 Minneapolis, MN 55401-2192	

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756****Name and address****If any books of account and records are unavailable, explain why**

26c.2. **InfoSync Services, LLC**  
**1938 Woodlawn**  
**Suite 100**  
**Wichita, KS 67208**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Citizens Bank, N.A.**  
**One Park Plaza**  
**Suite 400**  
**Irvine, CA 92614**

26d.2. **Otc Markets Group Inc**  
**PO Box 29959**  
**New York, NY 10087-9959**

26d.3. **Store Capital Corporation**  
**8377 East Hardford Dr Ste 100**  
**Scottsdale, AZ 85255**

26d.4. **American Express Plum Card**  
**P.O. Box 981535**  
**El Paso, TX 79998-1535**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	<b>Name of the person who supervised the taking of the inventory</b>	<b>Date of inventory</b>	<b>The dollar amount and basis (cost, market, or other basis) of each inventory</b>
27.1	<b>Denise Lenaghan</b>	<b>12/4/2019</b>	<b>\$42,032.94</b>
	<b>Name and address of the person who has possession of inventory records</b> <b>Granite City Food &amp; Brewery Ltd.</b> <b>3945 2nd Street South</b> <b>Saint Cloud, MN 56301</b>		
27.2	<b>Devon Giesen</b>	<b>12/4/2019</b>	<b>\$60,679.49</b>
	<b>Name and address of the person who has possession of inventory records</b> <b>Granite City Food &amp; Brewery Ltd.</b> <b>2620 South Louise Avenue</b> <b>Sioux Falls, SD 57106</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.3	Jen Kopperud	12/4/2019	\$58,850.78
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 1636 SW 42nd Street Fargo, ND 58103		
27.4	Aaron Helgeson	12/4/2019	\$39,432.46
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 12801 University Avenue Clive, IA 50325		
27.5	Mark Mussman	12/4/2019	\$36,681.06
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 4755 1st Avenue SE Cedar Rapids, IA 52403		
27.6	David Lewandwski	12/4/2019	\$46,135.34
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 5270 Utica Ridge Road Davenport, IA 52807		
27.7	Shane Bauer	12/4/2019	\$44,849.71
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 6200 "O" Street Lincoln, NE 68510		
27.8	Pete VonBank	12/4/2019	\$52,697.31
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 11909 Main Street Osseo, MN 55369		

Debtor

**Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.9	<b>Mike Leahy</b>	<b>12/4/2019</b>	<b>\$40,372.78</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 3330 Pilot Knob Road Saint Paul, MN 55121</b>		
27.1 0.	<b>Julian Magennis</b>	<b>12/4/2019</b>	<b>\$39,531.28</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 8461 NW Prairie View Road Kansas City, MO 64153</b>		
27.1 1.	<b>Andrea Lackner</b>	<b>12/4/2019</b>	<b>\$42,527.89</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1701 Village West Parkway Kansas City, KS 66111</b>		
27.1 2.	<b>Shannon Southerland</b>	<b>12/4/2019</b>	<b>\$36,646.36</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 15085 West 119th Street Olathe, KS 66062</b>		
27.1 3.	<b>Ivan Salgado</b>	<b>12/4/2019</b>	<b>\$38,438.27</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1001 North 102nd Street Omaha, NE 68114</b>		
27.1 4.	<b>Chris Erickson</b>	<b>12/4/2019</b>	<b>\$48,978.35</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1595 Highway 36 West Saint Paul, MN 55113</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 5.	<b>Brian Androwich</b>	<b>12/4/2019</b>	<b>\$42,079.96</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 7140 Harrison Avenue Suite 108 Rockford, IL 61112</b>		
27.1 6.	<b>Ashley Serrano</b>	<b>12/4/2019</b>	<b>\$58,833.43</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 3809 Coldwater Road Fort Wayne, IN 46805</b>		
27.1 7.	<b>Robert Stone Jr.</b>	<b>12/4/2019</b>	<b>\$44,489.49</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. West Oaks Shopping Center Saint Louis, MO 63141</b>		
27.1 8.	<b>Greg Jones</b>	<b>12/4/2019</b>	<b>\$53,850.88</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 699 West Big Beaver Road Troy, MI 48084</b>		
27.1 9.	<b>Courtney Barber</b>	<b>12/4/2019</b>	<b>\$45,376.64</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 2300 Village Drive West Suite 130 Maumee, OH 43537</b>		
27.2 0.	<b>JD Harris</b>	<b>12/4/2019</b>	<b>\$61,348.44</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1864 West McEwen Drive Franklin, TN 37067</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.2 1.	<b>Mike Bohlken</b>	<b>12/4/2019</b>	<b>\$49,416.62</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1828 Abriter Court Naperville, IL 60563</b>		
27.2 2.	<b>Eric Sredzinski</b>	<b>12/4/2019</b>	<b>\$51,291.19</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 39603 Traditions Drive Northville, MI 48168</b>		
27.2 3.	<b>Stephen Taylor</b>	<b>12/4/2019</b>	<b>\$50,540.82</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 801 Plaza Drive Schaumburg, IL 60173</b>		
27.2 4.	<b>Ryell Bradley</b>	<b>12/4/2019</b>	<b>\$41,418.68</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 200 American Way Oxon Hill, MD 20745</b>		
27.2 5.	<b>Jim Kinzey</b>	<b>12/4/2019</b>	<b>\$50,453.29</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 100 Renaissance Center Suite 1101 Detroit, MI 48243</b>		
27.2 6.	<b>Sean Corrigan</b>	<b>12/4/2019</b>	<b>\$47,791.03</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 352 South Avenue Minneapolis, MN 55425</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.2 7.	<b>Rich Travis</b>	<b>12/4/2019</b>	<b>\$54,977.60</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. The Palms at Town &amp; Country 11735 Sherri Lane Miami, FL 33183</b>		
27.2 8.	<b>Joey Himes</b>	<b>12/4/2019</b>	<b>\$55,122.53</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 186 Fleet Street Oxon Hill, MD 20745</b>		
27.2 9.	<b>Anna Brailey</b>	<b>12/4/2019</b>	<b>\$40,925.22</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1060 Settlers Ridge Center Drive Pittsburgh, PA 15205</b>		
27.3 0.	<b>Corey Burkey</b>	<b>12/4/2019</b>	<b>\$0</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1722 Detroit Street Ellsworth, IA 50075</b>		
27.3 1.	<b>Denise Lenaghan</b>	<b>12/11/2019</b>	<b>\$40,950.81</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 3945 2nd Street South Saint Cloud, MN 56301</b>		
27.3 2.	<b>Devon Giesen</b>	<b>12/11/2019</b>	<b>\$57,311.17</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 2620 South Louise Avenue Sioux Falls, SD 57106</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.3 3.	Jen Kopperud	12/11/2019	\$55,569.04
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 1636 SW 42nd Street Fargo, ND 58103		
27.3 4.	Aaron Helgeson	12/11/2019	\$38,242.49
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 12801 University Avenue Clive, IA 50325		
27.3 5.	Mark Mussman	12/11/2019	\$35,263.89
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 4755 1st Avenue SE Cedar Rapids, IA 52403		
27.3 6.	David Lewandowski	12/11/2019	\$44,618.80
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 5270 Utica Ridge Road Davenport, IA 52807		
27.3 7.	Shane Bauer	12/11/2019	\$46,841.74
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 6200 "O" Street Lincoln, NE 68510		
27.3 8.	Pete VonBank	12/11/2019	\$48,077.10
	Name and address of the person who has possession of inventory records Granite City Food & Brewery Ltd. 11909 Main Street Osseo, MN 55369		



Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.3 9.	<b>Mike Leahy</b>	<b>12/11/2019</b>	<b>\$39,915.86</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 3330 Pilot Knob Road Saint Paul, MN 55121</b>		
27.4 0.	<b>Julian Magennis</b>	<b>12/11/2019</b>	<b>\$38,669.90</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 8461 NW Prairie View Road Kansas City, MO 64153</b>		
27.4 1.	<b>Andrea Lackner</b>	<b>12/11/2019</b>	<b>\$50,699.06</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1701 Village West Parkway Kansas City, KS 66111</b>		
27.4 2.	<b>David Kirkland</b>	<b>12/11/2019</b>	<b>\$37,806.79</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 15085 West 119th Street Olathe, KS 66062</b>		
27.4 3.	<b>Ivan Salgado</b>	<b>12/11/2019</b>	<b>\$37,225.93</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1001 North 102nd Street Omaha, NE 68114</b>		
27.4 4.	<b>Chris Erickson</b>	<b>12/11/2019</b>	<b>\$45,023.41</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1595 Highway 36 West Saint Paul, MN 55113</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.4 5.	<b>Brian Androwich</b>	<b>12/11/2019</b>	<b>\$42,289.40</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 7140 Harrison Avenue Suite 108 Rockford, IL 61112</b>		
27.4 6.	<b>Ashley Serrano</b>	<b>12/11/2019</b>	<b>\$57,015.94</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 3809 Coldwater Road Fort Wayne, IN 46805</b>		
27.4 7.	<b>Robert Stone Jr.</b>	<b>12/11/2019</b>	<b>\$43,171.54</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. West Oaks Shopping Center Saint Louis, MO 63141</b>		
27.4 8.	<b>Greg Jones</b>	<b>12/11/2019</b>	<b>\$54,916.46</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 699 West Big Beaver Road Troy, MI 48084</b>		
27.4 9.	<b>Courtney Barber</b>	<b>12/11/2019</b>	<b>\$42,541.23</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 2300 Village Drive West Suite 130 Maumee, OH 43537</b>		
27.5 0.	<b>JD Harris</b>	<b>12/11/2019</b>	<b>\$57,754.39</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1864 West McEwen Drive Franklin, TN 37067</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.5 1.	<b>Mike Bohlken</b>	<b>12/11/2019</b>	<b>\$43,105.22</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 1828 Abriter Court Naperville, IL 60563</b>		
27.5 2.	<b>Eric Sredzinski</b>	<b>12/11/2019</b>	<b>\$53,148.52</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 39603 Traditions Drive Northville, MI 48168</b>		
27.5 3.	<b>Stephen Taylor</b>	<b>12/11/2019</b>	<b>\$46,704.69</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 801 Plaza Drive Schaumburg, IL 60173</b>		
27.5 4.	<b>Ryan Bradley</b>	<b>12/11/2019</b>	<b>\$39,514.78</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 200 American Way Oxon Hill, MD 20745</b>		
27.5 5.	<b>Jim Kinzey</b>	<b>12/11/2019</b>	<b>\$49,626.36</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 100 Renaissance Center Suite 1101 Detroit, MI 48243</b>		
27.5 6.	<b>Sean Corrigan</b>	<b>12/11/2019</b>	<b>\$44,370.80</b>
	Name and address of the person who has possession of inventory records <b>Granite City Food &amp; Brewery Ltd. 352 South Avenue Minneapolis, MN 55425</b>		

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.5 7.	Rich Travis	12/11/2019	\$54,049.88

Name and address of the person who has possession of inventory records

Granite City Food & Brewery Ltd.  
The Palms at Town & Country  
11735 Sherri Lane  
Miami, FL 33183

27.5 8.	Joey Himes	12/11/2019	\$53,472.97
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Name and address of the person who has possession of inventory records

Granite City Food & Brewery Ltd.  
186 Fleet Street  
Oxon Hill, MD 20745

27.5 9.	Anna Brailey	12/11/2019	\$41,334.16
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Name and address of the person who has possession of inventory records

Granite City Food & Brewery Ltd.  
1060 Settlers Ridge Center Drive  
Pittsburgh, PA 15205

27.6 0.	Corey BURkey	12/11/2019	\$0
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Name and address of the person who has possession of inventory records

Granite City Food & Brewery Ltd.  
1722 Detroit Street  
Ellsworth, IA 50075

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
LYNCH, RICHARD H.	2730 W LAKE ST Unit 610 Minneapolis, MN 55419	Chief Executive Officer and Director	5%
Name	Address	Position and nature of any interest	% of interest, if any
HJELSETH, NATHAN G.	210 SUNSET BLVD Waconia, MN 55387	Chief Financial Officer and Director	
Name	Address	Position and nature of any interest	% of interest, if any
Doran, Robert J.	1685 Hampton Course Saint Charles, IL 60174	Director	Less than 1%

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

Name	Address	Position and nature of any interest	% of interest, if any
McGowan, Eugene E.	350 South Main Avenue #605 Sioux Falls, SD 57104	Director and Control Person	14.6%
Name	Address	Position and nature of any interest	% of interest, if any
Concept Development Partners LLC	3879 Maple Avenue #400 Dallas, TX 75219	Control Person	78.5%
Name	Address	Position and nature of any interest	% of interest, if any
DHW Leasing, L.L.C.	350 South Main Avenue #605 Sioux Falls, SD 57104	Control Person	11.6%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Bashour, Fouad Z.	6335 Brookshire Drive Dallas, TX 75230	Chairman of Board	5/10/11-9/26/19
Name	Address	Position and nature of any interest	Period during which position or interest was held
Staenberg, Michael H.	2127 Innerbelt Business Center Drive #310 Saint Louis, MO 63114	Director	5/10/11-9/26/19
Name	Address	Position and nature of any interest	Period during which position or interest was held
Carrington, Jr., H.G.	4301 Potomac Avenue Dallas, TX 75205	Director	4/22/14-9/26/19
Name	Address	Position and nature of any interest	Period during which position or interest was held
Rager, Jeff	1008 Dockway Drive Huron, OH 44839	Chief Financial Officer	7/16/14-1/20/19

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Carrington, Carey 4301 Potomac Avenue Dallas, TX 75205	51,287.32	various	
	Relationship to debtor Director			
30.2	McGowan, Sr., Eugene E. 350 South Main Avenue #605 Sioux Falls, SD 57104	49,215.97	Various	
	Relationship to debtor Director			
30.3	Bashour, Fouad 6335 Brookshire Drive Dallas, TX 75203	56,869.77	various	
	Relationship to debtor Director			
30.4	Rager, Jeff 1008 Dockway Drive Huron, OH 44839	66,063.22	various	salary
	Relationship to debtor Former Chief Financial Officer			
30.5	Staenberg, Michael H. 2127 Innerbelt Business Center Drive #310 Saint Louis, MO 63114	40,000.00	Various	
	Relationship to debtor Director			
30.6	HJELSETH, NATHAN G. 210 SUNSET BLVD Waconia, MN 55387	222,546.74	Various	salary
	Relationship to debtor Chief Financial Officer and Director			
30.7	LYNCH, RICHARD H. 2730 W LAKE ST Unit 610 Minneapolis, MN 55419	557,464.83	various	salary
	Relationship to debtor Chief Executive Officer and Director			

Debtor **Granite City Food & Brewery Ltd.**Case number (if known) **19-43756**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.8	<b>Doran, Robert J. 1685 Hampton Course Saint Charles, IL 60174</b>	<b>45,206.84</b>	<b>various</b>	
	Relationship to debtor <b>Director</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 13, 2020**

**/s/ Richard H. Lynch**

Signature of individual signing on behalf of the debtor

**Richard H. Lynch**

Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

Case 19-43756 Doc 128 Filed 01/13/20 Entered 01/13/20 17:38:27 Desc Main Document Page 1254 of 1707									
Concept	Store #	Address	City	State	Zip	Phone	Open Date	System	Approx. RT Value
GC	29	1864 West McEwen Drive	Franklin	IN	47037	615-435-1949	02/05/13	Indoor	\$ 10,000.00
GC	2	2620 S Louise Ave	Siboux Falls	SD	57106	605-362-0000	12/18/00	N/A	N/A
CR	305	1060 Settlers Ridge Center Drive	Pittsburgh	PA	15205	412-788-0777	06/01/12	Indoor	\$ 10,000.00
GC	26	2300 Village Drive West, Suite 130 (Toledo)	Maumee	OH	43537	419-878-9050	02/12/08	Indoor	\$ 10,000.00
GC	7	6200 "O" Street	Lincoln	NE	68510	402-466-1900	05/04/04	Indoor	\$ 10,000.00
GC	15	1001 North 102nd St	Omaha	NE	68114	402-393-5000	10/17/06	Indoor	\$ 10,000.00
GC	3	1636 SW 42nd St.	Fargo	ND	58103	701-293-3000	11/20/01	N/A	N/A
GC	11	8461 NW Prairie View Rd. (Zona Rosa)	Kansas City	MO	64153	816-587-3838	11/15/05	Indoor	\$ 10,000.00
GC	24	11411 Olive Street	Creve Coeur	MO	63141	314-432-3535	01/15/08	Indoor	\$ 10,000.00
CR	300	352 South Avenue (MOA)	Bloomington	MN	55425	952-854-1004	11/28/11	N/A	N/A
GC	1	3945 2nd St. S	St. Cloud	MN	56301	320-203-9000	06/01/99	Indoor	\$ 10,000.00
GC	8	11909 Main Street	Maple Grove	MN	55369	763-416-0010	06/22/04	Indoor	\$ 10,000.00
GC	10	3330 Pilot Knob Rd.	Eagan	MN	55121	651-452-4600	09/20/05	Indoor	\$ 10,000.00
GC	17	1595 Highway 36 W. Space 1005	Roseville	MN	55113	651-209-3500	11/03/06	Indoor	\$ 10,000.00
GC	25	699 W. Big Beaver Road	Troy	MI	48084	248-519-1040	05/08/12	Indoor	\$ 10,000.00
GC	33	39603 Traditions Drive	Northville	MI	48168	248-662-3400	04/08/15	Indoor	\$ 10,000.00
GC	36	100 Renaissance Center - Suite 1102	Detroit	MI	48243	313-309-9120	02/10/16	Indoor	\$ 10,000.00
CR	302	186 Fleet Street (National Harbor)	Oxon Hill	MD	20745	301-839-1100	12/28/11	Indoor	\$ 10,000.00
GC	35	200 American Way	Oxon Hill	MD	20745	240-493-3900	5/6/2015	Indoor	\$ 10,000.00
GC	12	1701 Village West Parkway (Legends)	Kansas City	KS	66111	913-334-2255	01/31/06	Indoor	\$ 10,000.00
GC	13	15085 W 119th Street	Olathe	KS	66062	913-829-6060	03/28/06	Indoor	\$ 10,000.00
GC	22	3809 Coldwater Rd	Fort Wayne	IN	46805	260-471-3030	01/29/08	Indoor	\$ 10,000.00
GC	20	7140 Harrison Avenue, Suite 108 (Rockford)	Cherry Valley	IL	61112	815-332-7070	07/03/07	Indoor	\$ 10,000.00
GC	32	1828 Abriter Court	Naperville	IL	60563	630-544-3700	10/29/14	Indoor	\$ 10,000.00
GC	34	801 Plaza Dr.	Schaumburg	IL	60173	630-523-5700	02/25/15	Indoor	\$ 10,000.00
GC	4	12801 University Avenue	Clive	IA	50325	515-224-1300	09/02/03	Indoor	\$ 10,000.00
GC	5	4755 1st Avenue SE	Cedar Rapids	IA	52403	319-395-7500	11/18/03	Indoor	\$ 10,000.00
GC	6	5270 Utica Ridge Road	Davenport	IA	52807	563-344-9700	01/27/04	Indoor	\$ 10,000.00
CR	301	11735 Sherri Lane (Kendall)	Miami	FL	33183	305-279-3700	12/28/11	Indoor	\$ 10,000.00



Address	City	State	Zip Code	Plan Type	Tank Count	Cyl Inv	Xactmix Qty	XactN2 Qty	MK9 Unit Qty	MK10 Unit Qty	CO2 Sensor Qty	Heat Exchange (Evaporator)
5270 UTICA RIDGE RD	DAVENPORT	IA	528073872	ELP	2	3	1	1	0	0	0	0
1636 42ND ST S	FARGO	ND	581033324	ELP	2	3	1	1	0	0	0	0
1595 HIGHWAY 36 WSPACE 1005	ROSEVILLE	MN	55113	ELP	2	1	1	1	0	0	0	0
7140 HARRISON AVE	ROCKFORD	IL	611121013	ELP	2	3	1	1	0	0	0	0
11411 OLIVE BLVD	CREVE COEUR	MO	631417108	ELP	1	4	1	1	0	0	0	0
3809 COLDWATER RD	FORT WAYNE	IN	468051101	ELP	1	1			0	0	0	0
2300 VILLAGE DR WSUITE 130	MAUMEE	OH	435377550	ELP	2			1	0	0	0	0
3945 2ND STREET S	SAINT CLOUD	MN	56301	ELP	1	7	1	1	0	0	0	0
2620 S LOUISE AVE	SIOUX FALLS	SD	57104	ELP	1		1	1	0	0	0	0
12801 UNIVERSITY AVE	CLIVE	IA	50325	PPA		3	1	1	0	0	0	0
4755 1ST AVE SE	CEDAR RAPIDS	IA	52403	PPA			1	1	0	0	0	0
6200 O STREET	LINCOLN	NE	68510	ELP	2		1	1	0	2	0	0
11909 MAIN ST	MAPLE GROVE	MN	55369	ELP	1	2		1	0	0	0	0
3330 PILOT KNOB RD	EAGAN	MN	55121	ELP	1	5	1	1	0	0	0	0
8461 NW PRARIE VIEW RDZONA ROSA	KANSAS CITY	MO	64153	PPA			1	1	0	0	0	0
1701 VILLAGE WEST PARKWAYLEGENDS	KANSAS CITY	KS	66111	PPA			1	1	0	0	0	0
15085 W 119TH STREET	OLATHE	KS	66062	PPA			1	1	0	0	0	0
1001 NORTH 102ND STREET	OMAHA	NE	68114	PPA			1	1	0	0	0	0
699 W BIG BEAVER ROAD	TROY	MI	48084	ELP	2		1	1	0	0	0	0
352 SOUTH AVE	BLOOMINGTON	MN	55425	BOC		2	1	1	0	0	0	0
11735 SHERRI LN	MIAMI	FL	33183	ELP	1		1	1	0	0	0	0
1060 SETTLERS RIDGE DR	PITTSBURGH	PA	15205	ELP	1		1	1	0	0	0	0
186 FLEET ST (NATIONAL HARBOR)	OXON HILL	MD	20745	ELP	1		1	1	0	0	0	0
1864 W MCEWEN DR	FRANKLIN	TN	37067	ELP	2		1	1	0	0	0	0
1828 ABRITER CT	NAPERVILLE	IL	60563	ELP	2		1	1	0	0	0	0
39603 TRADITIONS DRIVE	NORTHVILLE	MI	48167	ELP	2		1	1	0	0	0	0
200 AMERICAN WAY	OXON HILL	MD	20745	ELP	2		1	1	0	0	0	0
801 PLAZA DR	SCHAUMBURG	IL	601734919	ELP	2		1	1	1	0	1	0
100 RENAISSANCE CENTERSUITE 1102	DETROIT	MI	48243	ELP	2		1	1	0	0	0	1

**From:** Jonathan Baza <JBaza@nuco2.com>

**Sent:** Tuesday, November 05, 2019 5:36 PM

**To:** Onesimo Aleman <OAleman@GCFB.NET>

**Subject:** RE: Suppler Assets at Granite City and Cadillac Ranch Restaurants - NuCo2

Hello Oni,

Attached is the store listing with all the equipment that each location has. NuCO2's equipment consist of: Bulk tanks, Xactmix (beer blender), XactN2 (Nitrogen Generator), MK9 & MK10 CO2 leak detections, and one location has a heat exchange (evaporator). NuCO2 has patented designed equipment for our beer equipment so I do not have an approximate value to provide to you and I requested the information. Utilizing information from the internet gas blenders range similar run \$1,300 and up and nitrogen generators run and nitrogen generators range from \$12,000 and up. Bulk tanks range between \$3,500-\$8,000 depending on the size and capabilities. Heat Exchange units range from \$8,500 and up.

Equip  
Value 42,241.01  
Depr per  
Month

Description	Item#	Account	Life(In M	InitialValue	CBV	State	Address1	Address2	AddressCity	County	ZipCode
TWN AP BRWR: D1000GH13A0	58100169	711	60		313.64	IL	14035 S LA GRANGE RD		ORLAND PARK		60462
HC: PC-1D-10-02: 120V/15 SLC	5899762	714	36	500.00		KS	15085 W 119TH ST		OLATHE		66062
HC: HC-1D-10-02: 120V/15A, SC	5892882	711	36	500.00		IA	4755 1ST AVE SE		CEDAR RAPIDS		52402-3211
TEA: TCTPS10000: 120V/15A, C	5890803	711	36	720.39		IA	4755 1ST AVE SE		CEDAR RAPIDS		52402-3211
HC: PC-1D-10-02: 120V/15 SLC	5899762	714	36	500.00		KS	1701 VILLAGE LEGENDS MALL		KANSAS CITY		66111-1879
HC: PC-1D-10-02: 120V/15 SLC	5899762	711	36	500.00		MO	8461 NW PRAIRIE VIEW RD		KANSAS CITY		64153-1842
HC: HC-1D-10-01: 120V/15	5891116	714	36			IN	150 W 96TH ST		CARMEL		46032-9661
TEA: TCTPS10000: 120V/15A, C	5890803	714	36	720.39		IL	7144 HARRISON AVE		ROCKFORD		61112
TWN AP BRWR: FBD1000GT13	5890451	711	36	1,062.00		MN	3330 PILOT KNOB RD		SAINT PAUL		55121-2055
SNGL AP BRWR: FBD500GT62	5890702	711	36	624.00		MN	3330 PILOT KNOB RD		SAINT PAUL		55121-2055
TEA: TCTPS10000: 120V/15A, C	5890803	711	36	720.39		MO	8461 NW PRAIRIE VIEW RD		KANSAS CITY		64153-1842
TWN AP BRWR: FBD1000GT13	5890451	711	36	1,062.00		KS	1701 VILLAGE LEGENDS MALL		KANSAS CITY		66111-1879
TWN AP BRWR: FBD1000GT13	5890451	711	36	1,062.00		KS	15085 W 119TH ST		OLATHE		66062
TWN AP BRWR: FBD1000GT63	5890625	711	36	14.41		SD	2620 SO LOUISE AVE.		SIOUX FALLS		57104
TWN AP BRWR: FBD1000GT63	5890625	711	36	28.82		MN	851 ROSEDALE SHOPPING C		SAINT PAUL		55113-2093
SNGL AP BRWR: FBD500GT62	5890702	714	36	28.82		IA	12801 UNIVERSITY AVENUE		CLIVE		50325
1/NOL.. SCTCTDP-35S-10: 120V	5894631	714	36	500.00		MN	851 ROSEDALE SHOPPING C		SAINT PAUL		55113-2093
SNGL AP BRWR: FBD500GT62	5890702	711	36			OH	LEGACY LIF24519 CEDAR RD		LYNDHURST		44124
TWN AP BRWR: FBD1000GT13	5890451	711	36	100.88		NE	1001 N 102ND ST		OMAHA		68114-2155
SNGL AP BRWR: D500GT62A0	5894042	714	36	72.06		NE	6200 O STREET		LINCOLN		68510-2240
TWN AP BRWR: FBD1000GT13	5890451	714	36	1,062.00		IL	7144 HARRISON AVE		ROCKFORD		61112
TEA: TCTPS10000: 120V/15A, C	5890803	711	36	122.50		MN	11909 MAIN STREET NORTH		OSSEO		55369-7098
TWN AP BRWR: FBD1000GT13	5890451	711	36			IL	230 CONFERENCE CENTER		EAST PEORIA		61611-0000
TWN AP BRWR: FBD1000GT13	5890451	714	36	1,062.00		ND	1636 42ND ST S		FARGO		58103-3324
TEA: FBTCTS10000, STNDRD T	5893021	714	36	122.50		ND	1636 42ND ST S		FARGO		58103-3324
TWN AP BRWR: FBD1000GT63	5890625	711	36	500.00		MN	3945 SECOND STREET SOUT		SAINT CLOUD		56301
SNGL AP BRWR: D500GT62A0	5894042	711	36			OH	LEGACY LIF24519 CEDAR RD		LYNDHURST		44124
TWN AP BRWR: FBD1000GT63	5890625-R	714	60	330.00	326.56	MO	8461 NW PRAIRIE VIEW RD		KANSAS CITY		64153-1842
HC: HC-1D-10-01: 120V/15	5891116	711	36	158.52		OH	2300 VILLAGE DR W STE 130		MAUMEE		43537-7550
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36			IL	992 WILLOW RD STE 20		NORTHBROOK		60062
TEA: TCTPS10000: 120V/15A, C	5890803	711	36			MO	W OAKS SHOPPING CTR 114		SAINT LOUIS		63141-7108
TWN AP BRWR: FBD1000GT13	5890451	711	36	302.64		IN	3809 COLDWATER RD		FORT WAYNE		46805-1101
TWN AP BRWR: FBD1000GT13	5890451	711	36			MO	W OAKS SHOPPING CTR 114		SAINT LOUIS		63141-7108
TWN AP BRWR: FBD1000GT13	5890451	711	36	309.84		OH	2300 VILLAGE DR W STE 130		MAUMEE		43537-7550
TWN AP BRWR: D1000-AP-13	5899671	714	36			IN	150 W 96TH ST		CARMEL		46032-9661
TWN AP BRWR: FBD1000GT13	5890451	714	36			IN	6501 GRAPE RD STE 1000		MISHAWAKA		46545-1007
TEA: TCTS10070: G3 SHORT, V	5892310	711	36	281.02		SD	2620 SO LOUISE AVE.		SIOUX FALLS		57104
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36	376.04		OH	2300 VILLAGE DR W STE 130		MAUMEE		43537-7550
SNGL AP BRWR: FBD500GT62	5890702	711	36	556.86		FL	11735 SHERRI LN		MIAMI		33183
TEA: TCTPS10000: 120V/15A, C	5890803	711	36	720.39		IL	801 PLAZA DRIVE		SCHAUMBURG		60173
TEA: TCTS10070: G3 SHORT, V	5892310	711	36	603.10		MN	3945 SECOND STREET SOUT		SAINT CLOUD		56301
TEA: PTPP310000: 120V/15A, S	5895208	711	36	697.16		MN	851 ROSEDALE SHOPPING C		SAINT PAUL		55113-2093
TEA: TCTS10070: G3 SHORT, V	5892310	711	60			IL	14035 S LA GRANGE RD		ORLAND PARK		60462
TWN AP BRWR: FBD1000GT13	5890451-R	714	36	332.00		MN	3330 PILOT KNOB RD		SAINT PAUL		55121-2055
SNGL AP BRWR: FBD500GT62	5890702	711	36	503.00		ND	1636 42ND ST S		FARGO		58103-3324
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36	672.00		IN	3809 COLDWATER RD		FORT WAYNE		46805-1101
TEA: FBTCTS10000, STNDRD T	5893021-R	714	60	672.00		IA	5270 UTICA RIDGE ROAD		DAVENPORT		52807-3872
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36	346.00		MI	39603 TRADITIONS DRIVE		NORTHVILLE		48168
HC: HC-1D-10-01: 120V/15	5891116-R	714	36	483.18		IA	5270 UTICA RIDGE ROAD		DAVENPORT		52807-3872
HC: FBCEPFC1CL10000	5895663	711	36	688.00		ND	1636 42ND ST S		FARGO		58103-3324
TWN AP BRWR: FBD1000GT13	5890451-R	714	36	420.00		NE	6200 O STREET		LINCOLN		68510-2240
TEA: FBTCTS10000, STNDRD T	5893021	711	36			IL	230 CONFERENCE CENTER		EAST PEORIA		61611-0000
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36	389.93		NE	6200 O STREET		LINCOLN		68510-2240
SNGL AP BRWR: FBD500GT62	5890702	711	36	503.00		MN	352 SOUTH AVE		BLOOMINGTON		55425
TWN AP BRWR: FBD1000GT13	5890451-R	714	36	410.28		IA	4755 1ST AVE SE		CEDAR RAPIDS		52402-3211
SNGL AP BRWR: FBD500GT62	5890702	711	36	510.00		PA	1060 SETTLERS RIDGE CENT		PITTSBURGH		15205
TEA: FBTCTS10000, STNDRD T	5893021	711	36	550.00		PA	1060 SETTLERS RIDGE CENT		PITTSBURGH		15205
TEA: FBTCTS10000, STNDRD T	5893021-R	714	36			IN	150 W 96TH ST		CARMEL		46032-9661
TEA: FBTCTS10000, STNDRD T	5893021	711	36	603.10		MI	699 W BIG BEAVER RD		TROY		48084
TWN AP BRWR: FBD1000GT13	5890451	711	36	873.00		IA	5270 UTICA RIDGE ROAD		DAVENPORT		52807-3872
SNGL AP BRWR: FBD500GT62	5890702	711	36	510.00		MI	100 RENAISSANCE CTR STR		DETROIT		48243
TEA: FBTCTS10000, STNDRD T	5893021	711	36	603.10		KS	1701 VILLAGE LEGENDS MALL		KANSAS CITY		66111-1879
SNGL AP BRWR: FBD500GT62	5890702	711	36	510.00		MI	699 W BIG BEAVER RD		TROY		48084
TWN AP BRWR: FBD1000GT13	5890451	711	36	873.00		IA	12801 UNIVERSITY AVENUE		CLIVE		50325
TEA: FBTCTS10000, STNDRD T	5893021	711	36	550.00		TN	1864 W MCEWEN DRIVE		FRANKLIN		37067
SNGL AP BRWR: FBD500GT62	5890702	711	36	510.00		TN	1864 W MCEWEN DRIVE		FRANKLIN		37067
HC: HC-1D-10-01: 120V/15	5891116-R	714	36	471.10		TN	1864 W MCEWEN DRIVE		FRANKLIN		37067
SNGL SHUTL: FBGEMSS63A10	5890617	711	36	965.00		TN	1864 W MCEWEN DRIVE		FRANKLIN		37067
SNGL AP BRWR: FBD500GT62	5890702	711	36	510.00		MI	100 RENAISSANCE CTR STR		DETROIT		48243
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00		IN	49 W MARYLAND ST STE B03		INDIANAPOLIS		46204
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00		IN	49 W MARYLAND ST STE B03		INDIANAPOLIS		46204
TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00		IN	49 W MARYLAND ST STE B03		INDIANAPOLIS		46204
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	65.06	MD	186 FLEET ST		OXON HILL		20745
TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00		MD	186 FLEET ST		OXON HILL		20745
TWN AP BRWR: FBD1000GT13	5890451	711	36	885.00		MN	11909 MAIN STREET NORTH		OSSEO		55369-7098
TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00		OH	LEGACY LIF24519 CEDAR RD		LYNDHURST		44124

TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00	IN	6501 GRAPE RD STE 1000	MISHAWAKA	46545-1007
TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00	IL	1828 ABRITER CT	NAPERVILLE	60563-9368
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	IL	1828 ABRITER CT	NAPERVILLE	60563-9368
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	IL	1828 ABRITER CT	NAPERVILLE	60563-9368
TEA: RTB BREWER ROTATING	58100363	711	36	565.00	70.69 MD	200 AMERICAN WAY	OXON HILL	20745
TEA: FBTCTS10000, STNDRD T	5893021	711	36	560.00	KS	15085 W 119TH ST	OLATHE	66062
TEA: RTB BREWER ROTATING	58100363	711	36	565.00	55.73 MI	100 RENAISSANCE CTR STR	DETROIT	48243
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	65.06 MD	200 AMERICAN WAY	OXON HILL	20745
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	22.32 IL	801 PLAZA DRIVE	SCHAUMBURG	60173 tea
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	36.09 MI	39603 TRADITIONS DRIVE	NORTHVILLE	48168
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	36.09 MI	39603 TRADITIONS DRIVE	NORTHVILLE	48168
SNGL AP BRWR: FBD500GT62	5890702	711	36	520.00	22.32 IL	801 PLAZA DRIVE	SCHAUMBURG	60173
SNGL SHUTL: FBGEMSS63A10	5890617	711	36	965.00	165.68 MD	200 AMERICAN WAY	OXON HILL	20745
TEA: FBTCTS10000, STNDRD T	5893021	711	60	560.00	420.69 NE	1001 N 102ND ST	OMAHA	68114-2155
BREWER ICED TEA EXTENDE[2000502-R	714	36	36	433.37	IA	12801 UNIVERSITY AVENUE	CLIVE	50325
BREWER ICED TEA EXTENDE[2000502-R	714	36	36	329.22	IA	12801 UNIVERSITY AVENUE	CLIVE	50325

Orig Loc S (Chain)	name	Address*	City*	State	ZIP	Serial Number	IC Code	Item Description*	Install date	Units	Book Value
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN866990D	45748	DB BEV2323100-8F45LEPSCGLW	1/12/2016	1	\$3,804.35	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN867592C	45748	DB BEV2323100-8F45LEPSCGLW	1/12/2016	1	\$3,804.35	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN867592C	45748	DB BEV2323100-8F45LEPSCGLW	1/12/2016	1	\$3,804.35	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN8691701Z	45992	CB BEV PUMP LL1/3HP 8"	1/12/2016	1	\$386.01	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN8691701Z	45992	CB BEV PUMP LL1/3HP 8"	1/12/2016	1	\$386.01	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN8691709V	45992	CB BEV PUMP LL1/3HP 8"	1/12/2016	1	\$386.01	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN8691711S	45992	CB BEV PUMP LL1/3HP 8"	1/12/2016	1	\$386.01	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZNN108193F	46282	WB - Freestyle 4.4 GAL	1/12/2016	1	\$467.51	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZNN099360A	41568	CB PF100 NEW10228PB	1/12/2016	1	\$148.48	
00161999-GRANITE CITY COOPERATE OFFI1810657	GRANITE CITY	100 RENAISSANCE CTR STE 110	DETROIT MI	48243	ZLN1120043	41568	CB PF100 NEW10228PB	1/12/2016	1	\$148.48	
00161999-GRANITE CITY COOPERATE OFFI1440725	GRANITE CITY FOOD AND BREWERY	3330 PILOT KNOB RD	EAGAN MN	55121-2055	ZNN089413X	45748	DB BEV2323100-8F45LEPSCGLW	3/4/2013	1	\$1,032.72	
00161999-GRANITE CITY COOPERATE OFFI1440725	GRANITE CITY FOOD AND BREWERY	3330 PILOT KNOB RD	EAGAN MN	55121-2055	ZLN801776M	45992	CB BEV PUMP LL1/3HP 8"	3/4/2013	1	\$104.37	
00161999-GRANITE CITY COOPERATE OFFI1440725	GRANITE CITY FOOD AND BREWERY	3330 PILOT KNOB RD	EAGAN MN	55121-2055	ZLN8095814	45748	DB BEV2323100-8F45LEPSCGLW	3/4/2013	1	\$1,032.72	
00161999-GRANITE CITY COOPERATE OFFI1440725	GRANITE CITY FOOD AND BREWERY	3330 PILOT KNOB RD	EAGAN MN	55121-2055	ZLN8017711	45992	CB BEV PUMP LL1/3HP 8"	3/4/2013	1	\$104.37	
00161999-GRANITE CITY COOPERATE OFFI1441511	GRANITE CITY FOOD AND BREWERY	1001 N 102ND ST	OMAHA NE	68114	ZLN8284053	45748	CB PF100 NEW10228PB	2/5/2014	1	\$196.45	
00161999-GRANITE CITY COOPERATE OFFI1441511	GRANITE CITY FOOD AND BREWERY	1001 N 102ND ST	OMAHA NE	68114	ZLN8284053	45748	DB BEV2323100-8F45LEPSCGLW	2/5/2014	1	\$1,944.04	
00161999-GRANITE CITY COOPERATE OFFI1441511	GRANITE CITY FOOD AND BREWERY	1001 N 102ND ST	OMAHA NE	68114	ZMC9712077	41568	CB PF100 NEW10228PB	2/5/2014	1	\$176.71	
00161999-GRANITE CITY COOPERATE OFFI1441511	GRANITE CITY FOOD AND BREWERY	1001 N 102ND ST	OMAHA NE	68114	ZMC9799232	41568	CB PF100 NEW10228PB	2/5/2014	1	\$181.24	
00161999-GRANITE CITY COOPERATE OFFI1441511	GRANITE CITY FOOD AND BREWERY	1001 N 102ND ST	OMAHA NE	68114	ZMC9849211	41568	CB PF100 NEW10228PB	2/5/2014	1	\$181.24	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	6200 O ST	LINCOLN NE	68510	ZLN811677D	45748	DB BEV2323100-8F45LEPSCGLW	3/18/2013	1	\$1,592.76	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	6200 O ST	LINCOLN NE	68510	ZLN812625S	45992	CB BEV PUMP LL1/3HP 8"	3/18/2013	1	\$160.96	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	6200 O ST	LINCOLN NE	68510	ZMC928030N	41568	CB PF100 NEW10228PB	3/18/2013	1	\$148.48	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	6200 O ST	LINCOLN NE	68510	ZMC9280338	41568	CB PF100 NEW10228PB	3/18/2013	1	\$148.48	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	1595 HIGHWAY 36 W STE 100S	ROSEVILLE MN	55113	ZLN1494513	45748	DB BEV2323100-8F45LEPSCGLW	1/19/2014	1	\$1,348.92	
00161999-GRANITE CITY COOPERATE OFFI1441589	GRANITE CITY FOOD AND BREWERY	1595 HIGHWAY 36 W STE 100S	ROSEVILLE MN	55113	ZLN149769Z	45748	DB BEV2323100-830LESSFLXS	1/9/2014	1	\$1,340.95	
00161999-GRANITE CITY COOPERATE OFFI1441714	GRANITE CITY FOOD AND BREWERY	1595 HIGHWAY 36 W STE 100S	ROSEVILLE MN	55113	ZLN822512L	45992	CB BEV PUMP LL1/3HP 8"	1/9/2014	1	\$169.37	
00161999-GRANITE CITY COOPERATE OFFI1441714	GRANITE CITY FOOD AND BREWERY	1595 HIGHWAY 36 W STE 100S	ROSEVILLE MN	55113	ZLN822518R	45992	CB BEV PUMP LL1/3HP 8"	1/9/2014	1	\$169.37	
00161999-GRANITE CITY COOPERATE OFFI1441714	GRANITE CITY FOOD AND BREWERY	1595 HIGHWAY 36 W STE 100S	ROSEVILLE MN	55113	ZMC998402P	41568	CB PF100 NEW10228PB	1/9/2014	1	\$156.27	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	12801 UNIVERSITY AVE	CLIVE IA	50325-8219	ZLN804464L	45748	DB BEV2323100-8F45LEPSCGLW	4/23/2013	1	\$1,090.62	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	12801 UNIVERSITY AVE	CLIVE IA	50325-8219	ZLN811081E	45992	CB BEV PUMP LL1/3HP 8"	4/23/2013	1	\$110.21	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	12801 UNIVERSITY AVE	CLIVE IA	50325-8219	ZMC912097V	41568	CB PF100 NEW10228PB	4/23/2013	1	\$101.68	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	12801 UNIVERSITY AVE	CLIVE IA	50325-8219	ZNN255640D	41568	CB PF100 NEW10228PB	11/1/2014	1	\$298.08	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	12801 UNIVERSITY AVE	CLIVE IA	50325-8219	ZLN804464L	45748	DB BEV2323100-8F45LEPSCGLW	10/1/2014	1	\$1,090.62	
00161999-GRANITE CITY COOPERATE OFFI1446759	GRANITE CITY FOOD AND BREWERY	3809 COLDWATER RD	FORT WAYNE IN	46805	ZLN849130K	45992	CB BEV PUMP LL1/3HP 8"	10/1/2014	1	\$143.92	
00161999-GRANITE CITY COOPERATE OFFI1446854	GRANITE CITY FOOD AND BREWERY	3809 COLDWATER RD	FORT WAYNE IN	46805	ZLN850187R	45992	CB BEV PUMP LL1/3HP 8"	10/1/2014	1	\$145.41	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZLN874312Q	45748	DB BEV2323100-8F45LEPSCGLW	4/13/2016	1	\$2,570.61	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZLN874314G	45748	DB BEV2323100-8F45LEPSCGLW	4/13/2016	1	\$2,570.61	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZLN874314G	45748	CB BEV PUMP LL1/3HP 8"	4/13/2016	1	\$257.61	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZLN9030500	45992	CB BEV PUMP LL1/3HP 8"	4/13/2016	1	\$260.82	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZNN071333W	34479	WB 1004.4GAL	4/13/2016	1	\$315.89	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZNN125297V	41568	CB PF100 NEW10228PB	4/13/2016	1	\$235.48	
00161999-GRANITE CITY COOPERATE OFFI1538146	GRANITE CITY FOOD AND BREWERY	150 W 96TH ST	INDIANAPOLIS IN	46260	ZNN125298Q	41568	CB PF100 NEW10228PB	4/13/2016	1	\$235.48	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
00161999-GRANITE CITY COOPERATE OFFI1563873	GRANITE CITY FOOD AND BREWERY	11411 OLIVE BLVD	CREVE COEUR MO	63141-7108	ZLN809435W	45748	DB BEV2323100-8F45LEPSCGLW	1/20/2014	1	\$2,866.97	
0016199											

001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZLA1624142	45992R	CB BEV PUMP LL 1/3HP 8'	3/25/2015	1	\$337.33
001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZLN8535388	45748	DI BEV2323100-8FL45LEPCSGWL	3/25/2015	1	\$3,324.67
001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZLN8491665	45748	DI BEV2323100-8FL45LEPCSGWL	3/25/2015	1	\$3,258.17
001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZLN9367103	45748	DI BEV2323100-8FL45LEPCSGWL	4/20/2017	1	\$2,883.50
001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZNN047596K	46282	WB - Freestyle 4.4 GAL	3/25/2015	1	\$408.58
001611999 - GRANITE CITY COPERATE OFF11739193	GRANITE CITY FOOD AND BREWERY	39603 TRADITIONS DR	NORTHVILLE MI	48168	ZNN064357A	41568	CB FF100 NEW1022BFP	3/25/2015	1	\$304.56
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZLA161703S	45992R	CB BEV PUMP LL 1/3HP 8'	4/27/2015	1	\$455.95
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZLN895083P	45751	DI BEV2323100-8FL30LEPC	4/27/2016	1	\$2,420.76
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZLN8576971	45992	CB BEV PUMP LL 1/3HP 8'	4/27/2015	1	\$455.95
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZLN8626784	45992	CB BEV PUMP LL 1/3HP 8'	4/27/2015	1	\$455.95
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZLN8668412	45748	DI BEV2323100-8FL45LEPCSGWL	4/27/2015	1	\$4,493.62
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZNN064315C	41568	CB FF100 NEW1022BFP	4/27/2015	1	\$411.63
001611999 - GRANITE CITY COPERATE OFF11783326	GRANITE CITY	200 AMERICAN WAY	OXON HILL MD	20745-4502	ZNN06120M	46282	WB - Freestyle 4.4 GAL	4/27/2015	1	\$552.22
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN868332Z	45748	DI BEV2323100-8FL45LEPCSGWL	10/4/2016	1	\$4,152.49
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN907471Z	45992	CB BEV PUMP LL 1/3HP 8'	10/4/2016	1	\$421.34
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN907479V	45992	CB BEV PUMP LL 1/3HP 8'	10/4/2016	1	\$421.34
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN907488T	45992	CB BEV PUMP LL 1/3HP 8'	10/4/2016	1	\$421.34
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN911516E	45748	DI BEV2323100-8FL45LEPCSGWL	10/4/2016	1	\$4,152.49
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZLN8676426	45748	DI BEV2323100-8FL45LEPCSGWL	10/4/2016	1	\$4,152.49
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZNN130120E	41568	CB FF100 NEW1022BFP	10/4/2016	1	\$380.40
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZNN137268U	41568	CB FF100 NEW1022BFP	10/4/2016	1	\$380.40
001611999 - GRANITE CITY COPERATE OFF11876616	GRANITE CITY FOOD AND BREWERY	992 WILLOW RD	NORTHBROOK IL	60062	ZNN1130808	43479	WB 1004.4GAL	10/4/2016	1	\$510.28
001611999 - GRANITE CITY COPERATE OFF11899229	GRANITE CITY FOOD AND BREWERY	6100 O ST	LINCOLN NE	68510	ZLN912972V	45992	CB BEV PUMP LL 1/3HP 8'	12/6/2016	1	\$421.69
001611999 - GRANITE CITY COPERATE OFF11899229	GRANITE CITY FOOD AND BREWERY	6100 O ST	LINCOLN NE	68510	ZLN914065Y	45748	DI BEV2323100-8FL45LEPCSGWL	12/6/2016	1	\$4,155.98
001611999 - GRANITE CITY COPERATE OFF11899229	GRANITE CITY FOOD AND BREWERY	6100 O ST	LINCOLN NE	68510	ZLN922282O	45992	CB BEV PUMP LL 1/3HP 8'	12/6/2016	1	\$421.69
001611999 - GRANITE CITY COPERATE OFF11899229	GRANITE CITY FOOD AND BREWERY	6100 O ST	LINCOLN NE	68510	ZLN914153Z	45748	DI BEV2323100-8FL45LEPCSGWL	12/6/2016	1	\$4,155.98
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZLN811684L	45748	DI BEV2323100-8FL45LEPCSGWL	3/21/2013	1	\$1,320.86
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZLN811686B	45748	DI BEV2323100-8FL45LEPCSGWL	3/21/2013	1	\$1,320.86
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZLN812622K	45992	CB BEV PUMP LL 1/3HP 8'	3/21/2013	1	\$133.47
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZLN812627V	45992	CB BEV PUMP LL 1/3HP 8'	3/21/2013	1	\$133.47
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZMC9211277	41568	CB FF100 NEW1022BFP	3/21/2013	1	\$123.12
001611999 - GRANITE CITY COPERATE OFF15118306	GRANITE CITY FOOD AND BREWERY	15085 W 119TH ST	OLATHE KS	66062-9628	ZMC9211336	41568	CB FF100 NEW1022BFP	3/21/2013	1	\$123.14
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZLN866843S	45748	DI BEV2323100-8FL45LEPCSGWL	4/13/2015	1	\$2,317.19
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZLN868077L	45748	DI BEV2323100-8FL45LEPCSGWL	4/13/2015	1	\$2,317.19
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZLN8626713	45992	CB BEV PUMP LL 1/3HP 8'	4/13/2015	1	\$235.12
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZLN8686966	45992	CB BEV PUMP LL 1/3HP 8'	4/13/2015	1	\$235.12
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZNN058634N	46282	WB - Freestyle 4.4 GAL	4/13/2015	1	\$284.75
001611999 - GRANITE CITY COPERATE OFF15375368	GRANITE CITY FOOD AND BREWERY	14035 S LA GRANGE RD	ORLAND PARK IL	60462	ZNN069672S	41568	CB FF100 NEW1022BFP	4/13/2015	1	\$212.27
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZLA162071R	45992R	CB BEV PUMP LL 1/3HP 8'	4/2/2015	1	\$558.99
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZLA162677R	45992R	CB BEV PUMP LL 1/3HP 8'	4/2/2015	1	\$558.99
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZLN809251S	45753	DI BEV2323100-8FL45LEPC	4/2/2015	1	\$5,362.72
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZLN809247S	45753	DI BEV2323100-8FL45LEPC	4/2/2015	1	\$5,362.72
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZMC959638B	41568	CB FF100 NEW1022BFP	5/10/2013	1	\$1,625.74
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZNN063348T	41568	CB FF100 NEW1022BFP	4/2/2015	1	\$504.67
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZNN067502T	41568	CB FF100 NEW1022BFP	4/2/2015	1	\$504.67
001611999 - GRANITE CITY COPERATE OFF15806114	GRANITE CITY FOOD AND BREWERY	11909 MAIN ST	MAPLE GROVE MN	55369-7098	ZNN0584529	46282	WB - Freestyle 4.4 GAL	4/2/2015	1	\$676.98
001611999 - GRANITE CITY COPERATE OFF15824791	GRANITE CITY FOOD AND BREWERY	3945 2ND ST S	SAINT CLOUD MN	56301-3792	ZLN8077700	45992	CB BEV PUMP LL 1/3HP 8'	2/11/2013	1	\$122.66
001611999 - GRANITE CITY COPERATE OFF15824791	GRANITE CITY FOOD AND BREWERY	3945 2ND ST S	SAINT CLOUD MN	56301-3792	ZMC933983U	41568	CB FF100 NEW1022BFP	2/11/2013	1	\$113.16
001611999 - GRANITE CITY COPERATE OFF16048485	GRANITE CITY FOOD AND BREWERY	2620 S LOUISE AVE	SIOUX FALLS SD	57106-4329	ZLN807754I	45992	CB BEV PUMP LL 1/3HP 8'	2/11/2013	1	\$711.02
001611999 - GRANITE CITY COPERATE OFF16048485	GRANITE CITY FOOD AND BREWERY	2620 S LOUISE AVE	SIOUX FALLS SD	57106-4329	ZLN809605R	45748	DI BEV2323100-8FL45LEPCSGWL	2/11/2013	1	\$1,692.25
001611999 - GRANITE CITY COPERATE OFF16048485	GRANITE CITY FOOD AND BREWERY	2620 S LOUISE AVE	SIOUX FALLS SD	57106-4329	ZMC915967S	41568	CB FF100 NEW1022BFP	2/11/2013	1	\$157.80
001611999 - GRANITE CITY COPERATE OFF16048485	GRANITE CITY FOOD AND BREWERY	2620 S LOUISE AVE	SIOUX FALLS SD	57106-4329	ZMC9339814	41568	CB FF100 NEW1022BFP	2/11/2013	1	\$157.80
<b>Grand Total</b>	<b>Total</b>	<b>Total</b>							<b>193</b>	<b>\$198,504.03</b>

Sold To Nbr	Sold To Name	Address Line 1	City	St	Zip	Bill to Nbr	Bill to Name	Page# Nbr	Serial Nbr	Machine Type	Model Code	Service Contract Nbr	Service Contract Program	Typical Number	Lease End Lease Base	
50369777	GRANITE CITY BREWING	100 RENAISSANCE CTR, STE 803Z	DETROIT	MI	48243-1106	050369777	GRANITE CITY BREWING	0504410751	W10204957	UNDER COUNTER, GLASS WASH-ULT		10006726862	DM RNTL PGM-DCM Ref Pgm	0503463440	05/12/2020	\$119.50
50369777	GRANITE CITY BREWING	100 RENAISSANCE CTR, STE 803Z	DETROIT	MI	48243-1106	050369777	GRANITE CITY BREWING	0504410751	826K13368	CONVEYOR	EC44	1000680042	DM RNTL PGM-DCM Ref Pgm	0503463440	06/16/2020	\$246.35
50369777	GRANITE CITY BREWING	100 RENAISSANCE CTR, STE 803Z	DETROIT	MI	48243-1106	050369777	GRANITE CITY BREWING	0504410751	0000000742721546	BOOSTER HEATER RENTAL	BOOSTER	1000680432	BOOSTER HEAT-Booster Heater	0503463440	06/16/2020	\$51.50
50369777	GRANITE CITY BREWING	100 RENAISSANCE CTR, STE 803Z	DETROIT	MI	48243-1106	050369777	GRANITE CITY BREWING	0504410751	W17025664	UNDER COUNTER, GLASS WASH-ULT		1000714336	DM RNTL PGM-DCM Ref Pgm	0503463440	07/17/2020	\$119.70
50415273	GRANITE CITY	1001 N 102ND ST	DETROIT	MI	48243-1106	050415273	GRANITE CITY	0504410751	0000000005240263	WHOLESALE (OR POINT OF ENTITLY SFT)		1000739398	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	07/19/2020	\$149.33
50415273	GRANITE CITY	1001 N 102ND ST	DETROIT	MI	48243-1106	050415273	GRANITE CITY	0504410751	050720121	CONVEYOR	WH44	1000630784	DM RNTL PGM-DCM Ref Pgm	0503463440	03/22/2020	\$204.72
50415273	GRANITE CITY	1001 N 102ND ST	DETROIT	MI	48243-1106	050415273	GRANITE CITY	0504410751	00000004302881838	BOOSTER HEATER RENTAL	BOOSTER	1000638334	BOOSTER HEAT-Booster Heater	0503463440	04/22/2020	\$54.64
50313274	CADLAC RANCH	1500 S BELLERS RIDGE CENTER DR	PITTSBURGH	PA	15220-1438	050313274	CADLAC RANCH	0504410751	850M111578	CONVEYOR	EC44	1000618323	DM RNTL PGM-DCM Ref Pgm	0503463440	08/04/2020	\$213.62
50313274	CADLAC RANCH	1500 S BELLERS RIDGE CENTER DR	PITTSBURGH	PA	15220-1438	050313274	CADLAC RANCH	0504410751	00000003065161819	BOOSTER HEATER RENTAL	BOOSTER	1000684629	BOOSTER HEAT-Booster Heater	0503463440	06/25/2020	\$54.64
50413954	GRANITE CITY GATEWAY F&B	63141 OLIVE BLVD	CREVE COEUR	MO	63141-7108	050413954	GRANITE CITY GATEWAY F&B	0504410751	12723480	CONVEYOR	WH44	1000680151	DM RNTL PGM-DCM Ref Pgm	0503463440	07/09/2020	\$203.79
50413954	GRANITE CITY GATEWAY F&B	63141 OLIVE BLVD	CREVE COEUR	MO	63141-7108	050413954	GRANITE CITY GATEWAY F&B	0504410751	07215901	CONVEYOR	WH44	1000680721	DM RNTL PGM-DCM Ref Pgm	0503463440	03/04/2020	\$241.18
50371112	CADLAC RANCH 2	11776 SHERILL LN	Maple	FL	33183-4830	050371112	CADLAC RANCH 2	0504410751	23CE130313	UNDER COUNTER, GLASS WASH-OMEGA S		1000691931	DM RNTL PGM-DCM Ref Pgm	0503463440	05/01/2020	\$114.68
50371112	CADLAC RANCH 2	11776 SHERILL LN	Maple	FL	33183-4830	050371112	CADLAC RANCH 2	0504410751	0000000779328106	BOOSTER HEATER RENTAL	BOOSTER	1000672229	BOOSTER HEAT-Booster Heater	0503463440	07/09/2020	\$50.00
50371112	CADLAC RANCH 2	11776 SHERILL LN	Maple	FL	33183-4830	050371112	CADLAC RANCH 2	0504410751	W16402043	UNDER COUNTER, GLASS WASH-ULT		1000713801	DM RNTL PGM-DCM Ref Pgm	0503463440	03/16/2020	\$114.88
50413638	GRANITE CITY BREWERY	11939 MAN ST	Maple Grove	WI	53091-7088	050413638	GRANITE CITY BREWERY	0504410751	0000000558681450	BOOSTER HEATER RENTAL	BOOSTER	1000654171	BOOSTER HEAT-Booster Heater	0503463440	07/10/2020	\$51.50
50413638	GRANITE CITY BREWERY	11939 MAN ST	Maple Grove	WI	53091-7088	050413638	GRANITE CITY BREWERY	0504410751	850L111990	CONVEYOR	EC44	1000773026	DM RNTL PGM-DCM Ref Pgm	0503463440	03/16/2020	\$213.89
50412972	GRANITE CITY BREWERY	12801 UNIVERSITY AVE	CLIVE	IA	50525-8219	050412972	GRANITE CITY BREWERY	0504410751	23CL151522	UNDER COUNTER, GLASS WASH-OMEGA S		1000644601	DM RNTL PGM-DCM Ref Pgm	0503463440	06/22/2020	\$118.70
50412972	GRANITE CITY BREWERY	12801 UNIVERSITY AVE	CLIVE	IA	50525-8219	050412972	GRANITE CITY BREWERY	0504410751	12384619	CONVEYOR	WH44	1000676501	DM RNTL PGM-DCM Ref Pgm	0503463440	07/11/2020	\$192.27
50412972	GRANITE CITY BREWERY	12801 UNIVERSITY AVE	CLIVE	IA	50525-8219	050412972	GRANITE CITY BREWERY	0504410751	000000070491841548	BOOSTER HEATER RENTAL	BOOSTER	1000688915	BOOSTER HEAT-Booster Heater	0503463440	06/11/2020	\$50.00
50414391	GRANITE CITY OLAHIE	15056 W 119TH ST	OLAHIE	KS	66062-8628	050414391	GRANITE CITY OLAHIE	0504410751	10425628	CONVEYOR	WH44	1000649868	DM RNTL PGM-DCM Ref Pgm	0503463440	02/24/2020	\$250.01
50414391	GRANITE CITY OLAHIE	15056 W 119TH ST	OLAHIE	KS	66062-8628	050414391	GRANITE CITY OLAHIE	0504410751	0000000564271501	BOOSTER HEATER RENTAL	BOOSTER	1000670474	BOOSTER HEAT-Booster Heater	0503463440	02/24/2020	\$51.50
50418808	GRANITE CITY	1555 HIGHWAY 36 W, STE 1006	SANT PAUL	MN	55113-1032	050418808	GRANITE CITY	0504410751	0000000218271724	BOOSTER HEATER RENTAL	BOOSTER	1000676591	BOOSTER HEAT-Booster Heater	0503463440	06/22/2020	\$54.64
50418808	GRANITE CITY	1555 HIGHWAY 36 W, STE 1006	SANT PAUL	MN	55113-1032	050418808	GRANITE CITY	0504410751	14724208	CONVEYOR	EC44	1000710671	DM RNTL PGM-DCM Ref Pgm	0503463440	04/08/2020	\$242.83
50413630	GRANITE CITY	1636 42ND ST S	FARGO	ND	58103-3324	050413630	GRANITE CITY	0504410751	996567121A	BOOSTER HEATER RENTAL	BOOSTER	1000642679	BOOSTER HEAT-Booster Heater	0503463440	02/22/2020	\$50.00
50413630	GRANITE CITY	1636 42ND ST S	FARGO	ND	58103-3324	050413630	GRANITE CITY	0504410751	850P105594	CONVEYOR	EC44	1000654677	DM RNTL PGM-DCM Ref Pgm	0503463440	12/25/2021	\$241.66
50414330	GRANITE CITY LEGENDS	16111 VILLAGE WEST PKWY	KANSAS CITY KS	66111-1479	050414330	GRANITE CITY LEGENDS	0504410751	8J11394H	CONVEYOR	WH44	1000739746	DM RNTL PGM-DCM Ref Pgm	0503463440	01/06/2020	\$195.83	
50414330	GRANITE CITY LEGENDS	16111 VILLAGE WEST PKWY	KANSAS CITY KS	66111-1479	050414330	GRANITE CITY LEGENDS	0504410751	0000000038011701	BOOSTER HEATER RENTAL	BOOSTER	1000743807	BOOSTER HEAT-Booster Heater	0503463440	01/06/2020	\$54.64	
50362700	GRANITE CITY	1603 ARBITER CT	NAPEVILLE IL	60563-8366	050362700	GRANITE CITY	0504410751	050371962	CONVEYOR	EC44	1000628447	DM RNTL PGM-DCM Ref Pgm	0503463440	04/08/2020	\$221.16	
50362700	GRANITE CITY	1603 ARBITER CT	NAPEVILLE IL	60563-8366	050362700	GRANITE CITY	0504410751	0000000407671631	BOOSTER HEATER RENTAL	BOOSTER	1000656813	BOOSTER HEAT-Booster Heater	0503463440	08/09/2020	\$54.64	
50362700	GRANITE CITY	1603 ARBITER CT	NAPEVILLE IL	60563-8366	050362700	GRANITE CITY	0504410751	0000000002284023	WHOLESALE (OR POINT OF ENTITLY SFT)		1000683701	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	04/16/2020	\$153.81	
50362700	GRANITE CITY	1603 ARBITER CT	NAPEVILLE IL	60563-8366	050362700	GRANITE CITY	0504410751	W14084449	UNDER COUNTER, GLASS WASH-ULT		1000643305	DM RNTL PGM-DCM Ref Pgm	0503463440	09/08/2020	\$118.70	
50381242	CADLAC RANCH	186 FLUET ST	FRANKLIN	TN	37067-1782	050381242	CADLAC RANCH	0504410751	23AA180009	DOOR AND HOOD	APX3 HT	1000619786	DM RNTL PGM-DCM Ref Pgm	0503463440	02/22/2020	\$174.78
50374834	GRANITE CITY	186A W MCCUE DR	FRANKLIN	TN	37067-1782	05074834	GRANITE CITY	0504410751	0000000737673145	BOOSTER HEATER RENTAL	BOOSTER	1000667328	BOOSTER HEAT-Booster Heater	0503463440	05/22/2020	\$51.50
50374834	GRANITE CITY	186A W MCCUE DR	FRANKLIN	TN	37067-1782	05074834	GRANITE CITY	0504410751	850L111990	CONVEYOR	EC44	1000667328	DM RNTL PGM-DCM Ref Pgm	0503463440	05/22/2020	\$209.24
50374834	GRANITE CITY	186A W MCCUE DR	FRANKLIN	TN	37067-1782	05074834	GRANITE CITY	0504410751	23CM14778	UNDER COUNTER, GLASS WASH-OMEGA S		1000737623	DM RNTL PGM-DCM Ref Pgm	0503463440	04/16/2020	\$118.70
50369666	GRANITE CITY BREWERY	200 AMERICAN WAY	OXON HILL	MD	20745-4502	05036966	GRANITE CITY BREWERY	0504410751	W17007189	UNDER COUNTER, GLASS WASH-ULT		1000673503	DM RNTL PGM-DCM Ref Pgm	0503463440	05/09/2020	\$114.68
50369666	GRANITE CITY BREWERY	200 AMERICAN WAY	OXON HILL	MD	20745-4502	05036966	GRANITE CITY BREWERY	0504410751	0000000004201199	WHOLESALE (OR POINT OF ENTITLY SFT)		1000654275	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	05/19/2020	\$153.81
50369666	GRANITE CITY BREWERY	200 AMERICAN WAY	OXON HILL	MD	20745-4502	05036966	GRANITE CITY BREWERY	0504410751	0000000009291703	WHOLESALE (OR POINT OF ENTITLY SFT)		1000662472	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	05/19/2020	\$153.81
50369666	GRANITE CITY BREWERY	200 AMERICAN WAY	OXON HILL	MD	20745-4502	05036966	GRANITE CITY BREWERY	0504410751	0000000001001044	CONVEYOR	EC44	1000734803	DM RNTL PGM-DCM Ref Pgm	0503463440	04/02/2020	\$63.69
50417263	GRANITE CITY	2300 VILLAGE DR W, STE 130	MAUMEE	OH	43537-7550	050417263	GRANITE CITY	0504410751	0000000000039107	BOOSTER HEATER RENTAL	BOOSTER	1000665622	BOOSTER HEAT-Booster Heater	0503463440	05/11/2020	\$53.66
50417263	GRANITE CITY	2300 VILLAGE DR W, STE 130	MAUMEE	OH	43537-7550	050417263	GRANITE CITY	0504410751	850P105594	CONVEYOR	EC44	1000670002	DM RNTL PGM-DCM Ref Pgm	0503463440	09/11/2020	\$234.62
50412979	GRANITE CITY BREWERY	2600 S LOUISE AVE	SIOUX FALLS SD	57106-4209	050412979	GRANITE CITY BREWERY	0504410751	850S130739	CONVEYOR	EC44	1000654613	DM RNTL PGM-DCM Ref Pgm	0503463440	06/01/2020	\$241.66	
50412979	GRANITE CITY BREWERY	2600 S LOUISE AVE	SIOUX FALLS SD	57106-4209	050412979	GRANITE CITY BREWERY	0504410751	0000000017319198	BOOSTER HEATER RENTAL	BOOSTER	1000656771	BOOSTER HEAT-Booster Heater	0503463440	05/01/2020	\$54.64	
50412614	GRANITE CITY	3330 PLOTT KNOB RD	EDGEMOND	MI	48131-2055	050412614	GRANITE CITY	0504410751	0000000232861229	BOOSTER HEATER RENTAL	BOOSTER	1000643119	BOOSTER HEAT-Booster Heater	0503463440	06/11/2020	\$50.00
50412614	GRANITE CITY	3330 PLOTT KNOB RD	EDGEMOND	MI	48131-2055	050412614	GRANITE CITY	0504410751	0000000000087732	WHOLESALE (OR POINT OF ENTITLY SFT)		1000640806	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	09/01/2020	\$189.00
50341541	CADLAC RANCH	362 S AVENUE, STE 3302	MINNEAPOLIS	MN	55425-5527	050341541	CADLAC RANCH	0504410751	000000000000717950	BOOSTER HEATER RENTAL	BOOSTER	1000615386	BOOSTER HEAT-Booster Heater	0503463440	06/02/2020	\$54.64
50341541	CADLAC RANCH	362 S AVENUE, STE 3302	MINNEAPOLIS	MN	55425-5527	050341541	CADLAC RANCH	0504410751	GW6353	UNDER COUNTER, GLASS WASH-OMEGA S		1000657188	DM RNTL PGM-DCM Ref Pgm	0503463440	08/10/2020	\$118.70
50417609	GRANITE CITY	3809 COLDWATER RD	FORT WAYNE IN	46805-1101	050417609	GRANITE CITY	0504410751	850L111990	CONVEYOR	EC44	1000730448	DM RNTL PGM-DCM Ref Pgm	0503463440	05/04/2020	\$232.86	
50417609	GRANITE CITY	3809 COLDWATER RD	FORT WAYNE IN	46805-1101	050417609	GRANITE CITY	0504410751	000000000137631911	BOOSTER HEATER RENTAL	BOOSTER	1000614201	BOOSTER HEAT-Booster Heater	0503463440	04/26/2020	\$54.64	
50417609	GRANITE CITY	3809 COLDWATER RD	FORT WAYNE IN	46805-1101	050417609	GRANITE CITY	0504410751	000000000000391361	WHOLESALE (OR POINT OF ENTITLY SFT)		1000725166	DM RNTL PGM-DCM Ref Pgm	0503463440	04/26/2020	\$204.72	
50417609	GRANITE CITY	3809 COLDWATER RD	FORT WAYNE IN	46805-1101	050417609	GRANITE CITY	0504410751	00000000000871362	WHOLESALE (OR POINT OF ENTITLY SFT)		1000681816	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	09/06/2020	\$158.42	
50413430	GRANITE CITY BREWERY	3945 2ND ST S	SANT CLOUD MN	56301-3702	050413430	GRANITE CITY BREWERY	0504410751	00000007046071601	BOOSTER HEATER RENTAL	BOOSTER	1000671785	BOOSTER HEAT-Booster Heater	0503463440	07/01/2020	\$51.50	
50413430	GRANITE CITY BREWERY	3945 2ND ST S	SANT CLOUD MN	56301-3702	050413430	GRANITE CITY BREWERY	0504410751	040D170399	CONVEYOR	EC44H	1000713806	DM RNTL PGM-DCM Ref Pgm	0503463440	05/01/2020	\$206.00	
50384432	GRANITE CITY	39603 TRADITIONS DR	NORTHVILLE MI	48168-8496	050384432	GRANITE CITY	0504410751	850A100598	CONVEYOR	EC44	1000656731	DM RNTL PGM-DCM Ref Pgm	0503463440	03/05/2020	\$205.33	
50384432	GRANITE CITY	39603 TRADITIONS DR	NORTHVILLE MI	48168-8496	050384432	GRANITE CITY	0504410751	000000000002372928	WHOLESALE (OR POINT OF ENTITLY SFT)		1000652527	WTR TMT PGM-WW/Tr Tm Pgm	0503463440	07/02/2020	\$153.81	
50384432	GRANITE CITY	39603 TRADITIONS DR	NORTHVILLE MI	48168-8496	050384432	GRANITE CITY	0504410751	0000000001211507	BOOSTER HEATER RENTAL	BOOSTER	100071311					

**United States Bankruptcy Court  
District of Minnesota**In re **Granite City Food & Brewery Ltd.**

Debtor(s)

Case No. **19-43756**Chapter **11****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$	<u>See Application to Employ</u>
Prior to the filing of this statement I have received .....	\$	<u>See Application to Employ</u>
Balance Due .....	\$	<u>See Application to Employ</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

**CERTIFICATION**

LOCAL FORM 1007-1  
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **January 13, 2020**

Signature of Attorney

**/s/ James M. Jorissen**

**James M. Jorissen**



**United States Bankruptcy Court  
District of Minnesota**

In re **Granite City Food & Brewery Ltd.**

Debtor(s)

Case No. **19-43756**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 13, 2020**

**/s/ Richard H. Lynch**

**Richard H. Lynch/Chief Executive Officer**

Signer/Title

**United States Bankruptcy Court  
District of Minnesota**

In re **Granite City Food & Brewery Ltd.**

Debtor(s)

Case No. **19-43756**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Granite City Food & Brewery Ltd.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**January 13, 2020**

Date

**/s/ James M. Jorissen**

**James M. Jorissen**

Signature of Attorney or Litigant

Counsel for **Granite City Food & Brewery Ltd.**

**Taft Stettinius & Hollister LLP**

**80 South 8th Street**

**Minneapolis, MN 55402**

**612-977-8400 Fax:612-977-8650**

**jjorissen@taftlaw.com**